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IV.—PRESENCE OF SPECIAL BRANCH POLICE IN THE HOUSE—*cont.*

MR. SPEAKER :—“ It appears this morning when the Hon. the Deputy Speaker was occupying the Chair, hon Member Mr. Nagi Redd: raised a point of order and brought to the notice of the Chair that one gentleman whom he considered as a C.I.D. officer was occupying the chair intended for the Press and taking notes. I enquired into the matter. The person referred to is not a C.I.D. officer and he was not taking notes. He is a Sub-Inspector and he was in plain clothes, that is he was in mufti. He had no business to sit there. He confessed to me that he committed a mistake. So I have warned him. Let me therefore tell the House that he is not a C.I.D. officer and he was not taking any notes.”

III.—VOTING ON DEMANDS FOR GRANTS FOR THE YEAR 1952-53—*cont.*

(2) DEMAND XVI—MEDICAL.

\* THE HON. SRI A. B. SHETTY :—“ Mr. Speaker, Sir, on the recommendation of His Excellency the Governor, I move—

*‘ That the Government be granted a sum not exceeding Rs. 3,33,80,000 under Demand XVI—Medical.’*

“ *Hospital expansion and improvement.*—The wide prevalence of disease in our country makes the provision of adequate medical relief a difficult task. Our hospitals are overcrowded and there is a growing demand for the expansion of medical services. From 1946 to 1951 the bed strength has been increased from 14,467 to 21,269 which means an addition of 6,802 beds in six years. Additional staff and equipment also are being provided every year. This budget provides for 636 additional number of beds. Improvement is being effected in the standard of work done at our hospitals by opening specialist departments, providing X-Ray equipment, starting blood banks and in such other ways. The question of popularising the refresher courses and providing such courses at the bigger hospitals in mufassal places is engaging the attention of Government. Various hospital building works have recently been sanctioned, and some of them have been completed and some are in progress. Extensions and improvements to the Stanley, Madras and Andhra Medical Colleges and the attached hospitals and reconstruction of or improvements to the District Headquarters Hospitals at Kozhikode, Eluru and Mangalore are the most important among the schemes now under execution. A sum of nearly Rs. 111 lakhs has been allotted for expenditure this year on the medical building programme. A welcome feature is the receipt of donations from the public for putting up wards for maternity and other cases and for providing equipment.

“ *Training personnel.*—There is a great and increasing demand for medical education. The State also needs the services of a larger number of doctors and auxiliary personnel. Government have accepted schemes for developing the Guntur Medical College

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into a full fledged college and for establishing a Medical College at Madurai with a view to training 100 students in each institution. Provision has been made in the budget for starting the construction of these two college buildings and expanding the hospitals attached to them. The total estimated expenditure for both these schemes is about Rs. 239 lakhs (121 lakhs for Guntur and 118 lakhs for Madurai). Provision has been made for training additional nurses and maternity assistants. The number of training centres for compounders has recently been increased to 29. Since the Anaesthetist's work has become a speciality which is very essential for successful surgical work, four posts of anaesthetists have been sanctioned as a first step and Assistant Surgeons will be put on this work as whole time officers. Additional posts will have to be created in the coming years.

*“ Higher training.—*In addition to the post-graduate and specialist training facilities offered in our teaching institutions, a certain number of our officers are deputed or granted study leave for going abroad for higher training. The fellowships offered by the WHO, the Rockefeller Foundation, etc., are being availed of for this purpose.

*“ Upgrading.—*The Anatomy department in the Stanley College, the Obstetrics and Gynaecology department in the Women and Children's Hospital at Egmore and the Venereal Diseases department at the Madras General Hospital are expected to be shortly upgraded so that they may serve as All-India centres for post-graduate training and research in these specialities.

*“ The honorary system.—*The system of honorary medical service is being extended by making additional appointments in the City as well as mufassal hospitals, as and when suitable persons become available for general and specialist work. During the current year four posts of honorary surgeons and physicians and 21 posts of honorary Assistant Medical Officers have already been sanctioned. We have at present

Honorary consulting Surgeons and Physicians—10.

Honorary Surgeons (28) and Physicians (17)—45.

Honorary Assistant Medical Officers—326.

Honorary Assistant Medical Officers (Licentiates)—356.

*“ Abolition of sex disqualification.—*For the first time in the annals of the State 4 women Assistant Surgeons have been promoted and posted as District Medical Officers. Men's and Women's branches have been amalgamated. Sex disqualification has thus been abolished in accordance with our Constitution.

*“ Unification of cadres.—*With effect from 1st April 1951 the cadres of Civil Assistant Surgeons, Classes I and II have been unified on a scale of Rs. 150—25/2—400, medical graduates being started on Rs. 200. This completes the abolition of distinction between Sub-Assistant and Assistant Surgeons which has been the cause of many grievances among the licentiates of this State.



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*“Dean.”*—The creation in January 1950 of the post of a Dean in charge of the Madras Medical College and the General Hospital has facilitated improvement in the administration of both the institutions and resulted in a net saving of Rs. 1.37 lakhs to Government. It is now proposed to create a similar post of Dean for the Stanley Medical College and hospital this year and for the Andhra Medical College and hospital next year.

*“Help to local bodies.”*—Government have been taking over every year about 6 taluk headquarters hospitals with a view to develop them as medical and research centres. This year the number is limited to three such institutions. The local body is asked to ear-mark the money thus saved for providing medical facilities in other areas which are not properly served. The Government pay grants-in-aid towards the cost of buildings and equipment of regular Local Fund hospitals and dispensaries subject to a maximum of half the expenditure. In the current year a sum of Rs. 47,100 has been provided to local bodies for this purpose, the ultimate commitment to Government being Rs. 1,00,200.

*“Rural medical relief.”*—This is a responsibility laid on local bodies. Eighty-four rural dispensaries of modern medicine and 72 of indigenous medicine have been newly opened since 1946. There are at present 525 dispensaries of indigenous medicine and 316 of modern medicine. Ninety-one of these dispensaries (41 indigenous and 50 modern) are remaining closed for want of medical practitioners. The enhancement made in 1949 in the subsidies which Government pay to medical practitioners has had but poor response. The question of making rural medical service compulsory for a period of two or three years and the feasibility of running mobile dispensaries attached to a base hospital for rendering medical aid in rural areas are matters under active consideration of the Government.

*“Tuberculosis.”*—This disease has become a problem of great magnitude in this country because it finds favourable soil for its spread among the poor and ill-nourished people, housed badly in overcrowded localities. Tuberculosis is curable if it is found early and treated properly. There is a large number of open cases disseminating infection. Even the detected cases are so large in number that they have to wait for admission to our sanatoria till many of them become too advanced for effective treatment. Treatment facilities for T.B. patients are being expanded year after year by opening clinics and increasing the number of beds at hospitals and sanatoria. With the aid of public donations and the contributions given by the Provincial Welfare Fund, sanatoria are being established in several districts. The sanatorium at Tanjore has recently started functioning. The sanatorium at Nellore has just been completed. Sanatoria are under construction in South Kanara, Malabar, Madurai and Ramanathapuram. The experience of several Western countries has shown the utility of B.C.G. vaccination for affording immunity to children, industrial workers, members of the hospital staff and others exposed to active infection. Two Government B.C.G. teams and one team

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sanctioned by the Corporation of Madras are working in the City. The question of extending the B.C.G. campaign to mufassal places will be considered in due course.

“ *Leprosy*.—Leprosy survey has shown that there is a fairly high incidence of leprosy in our State, particularly in endemic areas. Leprosy is spreading principally among the poorer communities in the villages and in industrial areas where there is overcrowding. Besides providing facilities for leprosy treatment at two of the Government Sanatoria and at various hospitals and dispensaries, Government are paying capitation grants to 19 sanatoria. Twelve of these are run by Christian Missions and the remaining 7 by other private agencies. The sulphone group of drugs which is now used for leprosy treatment is giving very satisfactory results. Leprosy being largely a rural problem, Sri Jagadisan, the Honorary Leprosy Prevention and Relief Organiser, has suggested cheap rural schemes which will link up preventive and curative efforts. Twenty special leprosy clinics are now being run in some of the rural endemic areas by the Hind Kusht Nivaran Sangha and other private bodies. Last year Government have inaugurated a special leprosy control scheme for the highly endemic area of Tirukkovilur in South Arcot and this scheme has attracted wide attention in this country as well as abroad on account of its pioneering nature and immense possibilities. Five special leprosy clinics have been developed in this area. Each village or a group of villages in this centre will look after its leprosy patients, arrange to isolate the infective cases and try to eliminate the disease from their area. In this planned scheme of anti-leprosy work in which Government and voluntary agencies have combined, the Hind Kusht Nivaran Sangha and its Secretary, Sri Jagadisan, are giving a valuable lead and their whole-hearted co-operation. The possibility of the prevention and correction of deformities by physio-therapeutic and Orthopaedic measures which Dr. Paul Brand is demonstrating in Vellore must lead to a brighter outlook on leprosy. The Leprosy Review, London, in a recent issue has complimented the Madras State as being more progressive in its outlook on leprosy than any other part of the world.

“ *Cancer*.—Cancer is one of the major killing diseases, next only to tuberculosis. The Madras branch of the All-India Women's Conference is doing useful propaganda to acquaint the people with the need of early detection and treatment of cancer on modern lines. The celebration of the World Cancer Day organized under the auspices of the All-India Cancer Society in April in this city has awakened much public interest. X-Ray facilities for diagnostic work are now being provided in all district headquarters hospitals except at Vellore and in a few other hospitals also. A cancer unit formed with 98 beds in the Government General Hospital, Madras, has been working for the last three years. An additional 88 beds have been sanctioned for the Women and Children's Hospital, Egmore. This ward is ready and it is being equipped now. The Cancer Pavilion which is being

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built by the Cancer Association, Madras, next to the Barnard Institute of Radiology at the General Hospital is expected to be ready shortly for use as a Cancer out-patient department.

*“Indigenous medicine.”*—The Committee appointed in March 1952 to review the curriculum and the standard of teaching in the School and College of Indigenous Medicine has submitted its report last month. Government have considered it desirable to have only one course of study, namely, the G.C.I.M. course in this institution. The admission of students this year for the L.I.M. course has been abolished and the number to be admitted to the G.C.I.M. course has been increased from 60 to 100. The standard of teaching and practical training in this institution has to be improved by providing suitable text books, properly qualified staff, better equipment and more hospital facilities for clinical work. There is a keen desire among the students that the teaching of modern medicine in this institution should be approximated to the extent possible with that prevalent in modern medical colleges. Much water has flown under the bridges since the days of Charaka, Susrutha and Vagbata. Medical science has made striking advances in the methods of diagnosis and treatment. It is now generally accepted that an adequate knowledge of modern medicine in all its aspects should form a part of the course of training in institutions teaching indigenous systems, though there may be differences of view regarding the extent and manner of teaching modern medicine. Government have to consider the recommendations of the Central and State Committees and take steps to upgrade this institution to an acceptable standard. Government have sanctioned certain building schemes for the college and hospital at an estimated cost of Rs. 10 lakhs. Some of these works are in progress. Seven private Ayurvedic teaching institutions in this State have been granted recognition by the Central Board of Indigenous Medicine. The diploma holders of these institutions can get themselves registered as Class B practitioners. The research work started in the indigenous systems of medicine in Jamnagar at the instance of the Government of India may help to give useful information as to which drugs and methods of treatment can with advantage be incorporated into present day practices.

“This, Sir, is a brief account of the salient features of the medical relief work done in this State. Any expansion of treatment facilities which the State can afford under existing financial conditions will suffice to provide for the relief of only a small fraction of the sick and suffering people. Much of the illness among the vast mass of our people arise principally on account of inadequate nutrition, want of safe water-supply, unsatisfactory housing, and lack of sanitation and general health education. No real or substantial improvement in public health can be achieved unless these elementary requirements for healthful living are met. The problem in the ultimate analysis is one of eliminating poverty among the people and improving the finances of the State.” 4 p.m.



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MR. SPEAKER :—“ Motion moved—

‘ That the Government be granted a sum not exceeding Rs. 3,33,80,000 under Demand XVI—Medical.’ ”

Three hours have been allotted for this Demand. The Hon. Minister will reply to the debate at 6-15 p.m. to-day.

AN HON. MEMBER :—“ Sir, now it is 4 p.m. nearly. As such we have only two hours to discuss this Demand.”

SRI T. VISWANATHAM :—“ I only want to know whether we are sitting late after 6 p.m. I suggest we may adjourn at 6 p.m. The Hon. Minister can reply to the debate on Monday morning, Sir. If necessary we shall sit till 8 p.m. on the last two days.”

MR. SPEAKER :—“ If the House so desires, we shall adjourn at 6 p.m. I want to know what the Leader of the House has got to say.”

THE HON. SRI C. SUBRAMANIAM :—“ As far as I am concerned, I desire we shall rise at 6 p.m.”

MR. SPEAKER :—“ We shall adjourn at 6 p.m. Sri M. Palaniyandi can now move his cut motion.”

SRI M. PALANIYANDI :—“ Under instructions from the Leader of the Opposition, I am not moving my cut motion, Sir.”

SRI T. VISWANATHAM :—“ We do not propose to move any cut motion, for this Demand is ‘ Medical ’ and not ‘ Surgery ’, Sir.” (Laughter.)

MR. SPEAKER :—“ The hon. Member, Sri M. Palaniyandi is not moving any cut motion. I hope no one else is moving any other cut motion. (After a pause). I now call upon Sri M. Palaniyandi to speak on the original motion.”

\* SRI M. PALANIYANDI :—“ கனம் தலைவர் அவர்களே ! நான் மருத்துவ விஷயத்தைப் பற்றிப் பேசும் முன் நம் நாட்டில் பிறந்த பெரியோர்கள் பலர் சொல்லியிருக்கக் கூடிய விஷயங்களைப் பற்றிக் கூறி விட்டுப் பின் பேச விரும்புகிறேன்.

“நோயற்ற வாழ்வில் நாம் வாழ வேண்டும்” என்று அருட்பெருஞ் ஜோதி ராமலிங்க அடிகளும், ‘நோயற்ற வாழ்வே குறைவற்ற செல்வம்’ என்று ஒளவைப் பிராட்டியாரும், ‘பசி, பிணி, மூப்பு, துன்பம், இலையாவும் நான் வேண்டேன், ஊன் பசிப்பிணி அண்டாதிருக்கவேண்டும்’ என்று நம்மாழ்வாரும்; ‘உனை வளர்த்தேனே உயிரை வளர்த்தேனே’ என்று திருமூலரும் சொன்னார்கள். ஆனால் இன்றைய நம் மாகாணத்தின் நிலையை எடுத்துப் பார்க்கவேண்டும். நம் மாகாணத்திலிருப்பவர்களுக்கு பசிப்பினியை போக்கிக்கொள்ள சரியான உணவு கிடையாது. தங்குவதற்கு வீடு கிடையாது. குடிப்பதற்கு நல்ல சுத்த நீர் கிடையாது. ஆகையால் எப்படி அவர்கள் பசியையும் பினியையும் தீர்த்துகொள்ள முடியுமென்று கேட்கிறேன்? நம் நாட்டில் வாழும் மக்களின் பசிப்பினியைத் தீர்த்தாற்தான் தேகப் பினியைத் தீர்க்க வழி உண்டாகும். மக்கள் ‘நிமிர்ந்த நன் நடை; நேர்கொண்ட பார்வை; நிலத்தில் யார்க்கும்—அஞ்சாத நெறியும் நிமிர்ந்த ஞான செருக்கும் இவைகளுடன் வாழவேண்டும்’ என்று அமர கவி பாரதியார் சொல்லியிருக்கிறார்கள். ஆனால் நிமிர்ந்த ஏறு போன்ற நடை நமக்கு நம் நாட்டு மக்களுக்கு இப்பொழுது உடலில் தெம்பு இருக்கிறதா?

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அப்படி நடக்கத்தக்க சக்தியை அடைய அவர்கள் சரியான உணவை உட்கொள்ளும் வகையிருக்கிறதா? சரியான உணவு உண்ண அவர்களுக்குத் தெரியுமா? தெரியாது என்று நாம் யாரும் எண்ணக் கூடாது. தெரிந்தாலும் கூட காய்கறிகளுடன் கூடிய உணவுள்ள சத்தை உண்ணுவதற்கு ஏற்ற வகையில் அவர்களுடைய பொருளாதார நிலைமை இருக்கிறதா என்று பாருங்கள். அவர்கள் அப்படி இல்லாததால் தான் சரியான உணவு சாப்பிடமுடியவில்லை என்று சொல்லுகிறார்கள். கிராமங்களில் வாழும் மக்கள் நோய் நொடியின்றி ஆரோக்கியமாக வாழ வேண்டுமானால் அவர்கள் உண்ணுவதற்கு ஏற்ற நல்ல உணவை அடையும் படி அவர்களுக்குத் தக்க ஏற்பாட்டைச் செய்து கொடுக்கவேண்டும். அது மாத்நிரமல்ல. குடிப்பதற்கு ஏற்ற குடி தண்ணீர் வசதியையும் முதலில் சர்க்கார் செய்து கொடுக்கவேண்டுமென்று சொல்ல ஆசைப்படுகிறேன். உணவும் தண்ணீரும் சத்தமானதாகவும், ஆரோக்கியமானதாகவும் இல்லாவிட்டால் நிச்சயமாகச் சொல்லுகிறேன், நாம் அவர்களுடைய சுகாதார நிலையை பாதுகாக்க முடியாது. பொதுச் சுகாதாரம் போதுமான அளவு காப்பாற்றப்படாவிட்டால் எவ்வளவு ஆஸ்பத்திரிகள் கட்டினாலும் கூட வியாதிகளைக் குறைக்க முடியாது. குணப்படுத்தவும் முடியாது.

“கிராமங்களில் மக்கள் எப்படி பொதுச் சுகாதாரத்தைப் பாதுகாத்துக் கொண்டு தாங்களும் ஆரோக்கியத்தோடு வாழ்க்கை நடத்தவேண்டுமென்பதைப்பற்றி பிரசாரம் அதிகமாகச் செய்ய வேண்டியது மிகவும் அவசியமாகும். முக்கியமாக சர்க்காரும் ஜனங்களுடைய பொதுச் சுகாதாரத்தில் மிகவும் சிரத்தையாக இருக்கவேண்டும். இப்பொழுது பல கிராமங்களில் குடி தண்ணீர் வசதி கொஞ்சம்கூட கிடையாது. அது மாதிரி குடி தண்ணீர் வசதியில்லாத இடங்களில் தான் அதிகமான ஜனங்கள் நரம்புச் சிலந்தி என்ற வியாதியால் ரொம்பவும் கஷ்டப்படுகிறார்கள். அந்த நரம்புச் சிலந்தி என்ற வியாதிக்கு மருந்தே கிடையாதென்று சொல்லுகிறார்கள். முக்கியமாக என்னுடைய தொகுதியில் அரியலூர், உடையார்பாளையம், புள்ளம்பாடி போன்ற இடங்களில் மக்கள் இன்று அதிகமாக இந்த நரம்புச் சிலந்தி வியாதியால் மிகவும் கஷ்டப்படுகிறார்கள். அந்தப் பிரதேசத்தில் தண்ணீர் வசதி செய்து தரவேண்டுமென்று கேட்டால் சர்க்காரின் மரா மத்தி இலாகா போதிய பணவசதி இல்லையென்று அதைச் செய்வதற்கு முடியாதென்று சொல்லிவிடுகிறது. நல்ல தண்ணீர் இல்லாவிட்டால் எப்படி மக்கள் நலவாழ்க்கையில் வாழமுடியும். அசத்தத் தண்ணீரினாலேயே காலரா, அம்மை இன்னும் இது மாதிரியான பல தொத்து நோய்கள் உண்டாகிறதென்பதை நாம் தெரிந்துக் கொண்டிருக்கிறோம். இருந்தும் சர்க்கார் மக்களுடைய பொதுச் சுகாதாரத்தை மேன்மையுச் செய்ய முன் வராத வரையில் ஆஸ்பத்திரிகளை ஏற்படுத்தி மக்களுக்கு குணப்படுத்துவது என்பது மிகவும் கஷ்டமான காரியமாகும். அவர்கள் உண்ணும் ஆகாரம் சத்தமாய் இருக்கவேண்டும். அவர்கள் குடிக்கும் தண்ணீர் சத்தமாக இருக்கவேண்டும். வாழும் சுற்றுப்புறங்கள் சத்தமாக இருக்கவேண்டுமென்பதையெல்லாம் அவர்களுக்கு நன்றாக எடுத்துச் சொல்லி பொது சுகாதாரம் நல்ல நிலைமையில் இருக்கும்படிச் செய்ய சர்க்கார் அதிகமாக பிரசாரம் செய்யவேண்டுமென்பதாக நான் கேட்டுக்கொள்ளுகிறேன்.

“அடுத்தபடியாக இப்பொழுது ஸ்ச நோய் வந்தால் நிச்சயமாக அதை குணப்படுத்த கிராமங்களில் தக்க வைத்தியர்கள் இல்லை, ‘நான் குணப்படுத்திவிடுகிறேன்’ என்று சொல்லிக் கொண்டு, கிராம டாக்டர்கள் வைத்தியம் செய்து, வியாதியஸ்தரிடமிருந்து நிறைய பணத்தைச் சம்பாதித்துக் கொள்ளுகிறார்களே தவிர, கடைசியில் அந்த வியாதிஸ்தர் நகரத்திற்கு வந்து எக்ஸ்சுரே எடுத்துப் பாரக்கும் பொது வியாதி முத்தி மிகவும் ஆபத்தான நிலைமைக்கு வந்திருப்பது தெரிகிறது. கொஞ்ச நாளில் அவரும் இறந்து விடுகிறார். அதுவும் கிராமத்திலுள்ளவர்கள் தான் இதனால் ரொம்பவும் கஷ்டப்படுகிறார்கள். திருச்சிராப்பள்ளியில் ராஜாஜி சானிடோரியம் என்று இருக்கிறதென்பதையுமே அதில் கொஞ்சம்கூட இடம் கிடையாது. டால்மியா தீர்வாகஸ்தர் அந்த ஆஸ்பத்திரியில் பல கட்டில்களின் செலவை அவர்களே ஏற்றுக் கொண்டாலும் அந்த டால்மியா தொழிற்சாலையில் வேலை செய்கின்ற ஒரு தொழிலாளி அந்த வியாதியுடன் அங்கே சென்றால் அவ

[Sri M. Palaniyandi]

[19th July 1952]

னுக்கு முதலில் படுக்கக்கூட இடம் கிடையாது. அவ்வளவு வியாதியஸ்தர்கள் நான்கு நாள் அதிகரித்துக் கொண்டேயிருக்கிறார்கள். உண்மையாக காச நோயைக் குணப்படுத்த வேண்டுமானால் சர்க்கார் இன்னும் தீவிரமாக வேலை செய்யவேண்டும். ஊருக்கு ஊர் நிச்சயமாக சர்க்கார் சொல்வது போல் அநேக mobil ஆஸ்பத்திரிகளை ஏற்படுத்த வேண்டுமென்று நான் சர்க்காரைக் கேட்டுக்கொள்ளுகிறேன். காச நோய் வராமல் பாதுகாக்க வேண்டுமென்றால் சர்க்கார் நான் முன்பு சொன்னது போல் பொதுச் சுகாதாரத்தில் இன்னும் கவனமாக வேலை செய்யவேண்டும். பொதுச் சுகாதாரம் மேன்மையற்றால் நிச்சயமாக நாமே காச நோய் வராமல் பாதுகாத்துக் கொள்ளமுடியும். அடுத்தபடியாக இப்பொழுது கிராமங்களில் ஆஸ்பத்திரிகள் ஏற்படுத்தியிருக்கிறார்களே தவிர அங்கெல்லாம் நல்ல டாக்டர்கள் கிடையாது. கிராமங்களுக்கு பெரிய பட்டம் பெற்ற டாக்டர்கள் வருவதே கிடையாது. அப்படி டாக்டர்கள் வரவேண்டுமானால் சர்க்கார் வேறு ஏதாவது ஏற்பாட்டைச் செய்யவேண்டும். குறிப்பாக மெடிகல் காலேஜில் படித்த மாணவர்கள் கிராமங்களுக்குச் சென்று குறைந்தது 2 வருஷங்களோ, ஒரு வருஷமோ பிராக்டிஸ் செய்துவிட்டு வந்தால் தான் பட்டம் கொடுக்கப்படும் என்ற ஒரு ஏற்பாட்டைச் செய்தால்தான் டாக்டர்கள் கிராமங்களுக்கு வருவார்கள். இதற்கு வேண்டிய ஏற்பாட்டையும் செய்ய வேண்டுமென்பதாக நான் சர்க்காரைக் கேட்டுக் கொள்கிறேன்.

“(ஸெப்ரவரி) குஷ்ட நோயைப்பற்றி இரண்டொரு வார்த்தைகள் சொல்லத் தான் வேண்டும். குஷ்ட நோயைக் குணப்படுத்த சர்க்கார் ஏதோ ஏற்பாடுகள் செய்து கொண்டிருப்பதாக கனம் மந்திரி அவர்கள் சொன்னார்கள். அது எல்லாம் போதவே போதாது. இன்று மந்திரிமார்கள் சென்னை நகரத்தில் சொந்தக் காரிலேயே செல்வார்கள். அதனால் அவர்களுக்குத் தெரியுமோ தெரியாதோ. அநேகம் அங்கத்தினர்கள் பஸ்சில் தான் வருவார்கள். அவர்களுக்கு எல்லாம் தெரிந்திருக்குமென்று நினைக்கிறேன். பஸ் நிற்கும் இடங்களிலெல்லாம் ஏராளமான குஷ்ட ரோகிகள் ‘ஐயா கால்கு போடுங்கள்’ என்று பிச்சை கேட்க வருகிறார்கள். அவர்கள் பார்க்கும் போதே மிகவும் பயமாக இருக்கிறது. அவர்கள் அந்த வியாதியால் கஷ்டப்பட்டுவதோடு மட்டுமல்ல. அந்த வியாதி தொத்து நோய் ஆகையால் இந்தப் பெரிய நகரத்திலே அவர்களால் இன்னும் எவ்வளவோ பேருக்கு அந்த வியாதி வந்து விடுமோ என்று அஞ்ச வேண்டியிருக்கிறது. இவர்கள் எல்லோரையும் பிடித்துச் சென்று அவர்களுக்குச் சரியான உணவு போட்டு அவர்கள் வியாதி குணமாகும்படி பார்த்துக்கொள்ள வேண்டும். அப்படிச் செய்தால்தான் இந்த நகரின் பொதுச்சுகாதாரத்தை நாம் காப்பாற்றமுடியும். இதில் சர்க்கார் போதுமான சிரத்தை கொள்ள வேண்டுமென்று நான் கேட்டுக்கொள்கிறேன்.

“அடுத்தபடியாக காலஸரைப் பற்றிச் சொல்லுகிறார்கள். முக்கியமாக அந்த வியாதி பெண்களுக்குத்தான் வருகிறது. சில சமயம் ஆண்களுக்கும்கூட வருகிறது. புகையிலை போடுபவர்களாக இருந்தால் அவர்களுக்கும் பலவிதமாக வருகிறது என்று சொல்லுகிறார்கள். ஆனால் ‘பெண்களுக்கு எப்படி வருகிறது? என் வருகிறது? எந்த சமயத்தில் வருகிறது?’ என்பதான அடிப்படை பிரச்சினைகளை ஆராய்ச்சி செய்யாமல், அந்தத் துறையிலே முயலாமல் வியாதியைக் குணப்படுத்த முயற்சிப்பது மிகவும் நல்லதல்ல. இந்த வியாதிக்கு ரேடியம் சிகிச்சை தான் மிகச் சிறந்தது என்று சொல்லுகிறார்கள். நகரப் புறங்களில் ‘ரேடியம்’ சிகிச்சை எடுத்துக் கொள்வதற்கு வசதியிருக்கவாமேயொழிய, கிராமப் புறங்களில் ‘ரேடியம்’ சிகிச்சைக்கு கொஞ்சம்கூட வசதியே கிடையாது. ஆகையால் கிராமப் புறங்களில் சென்று அவர்கள் நிலைமையை ஆராய்ந்து அவர்களுக்குத் தக்க சிகிச்சை செய்ய எல்லா ஏற்பாட்டையும் செய்யவேண்டுமென்பதாக நான் கேட்டுக்கொள்கிறேன்.

“குறிப்பாக இன்றைய தினம் கிராமங்களிலே மருத்துவச்சிமார்கள் கிடைப்பது ரொம்பவும் கஷ்டமாக இருக்கிறது. சில கிராமங்களில் கிடையவே கிடையாது என்று கூட சொல்லிவிடலாம். தாய்மார்களுக்குப் பிரசவம் ஆவதற்குள் உயிர் போய் மறு உயிர் தான் வருகிறது. பிழைத்தது புனர்



19th July 1952]

[Sri M. Palaniyandi]

ஜென்மம் என்று தான் அவர்கள் சொல்லிக் கொள்ளுகிறார்கள். இப்பொழுது போதுமான வசதியில்லாததால் அநேக தாய்மார்கள் பிரசவம் ஆவதற்குள் இறந்து போய்விடுகிறார்கள். இந்தக் கொடிய நிலைமையை மாற்றவேண்டும். ஒவ்வொரு பிரக்காவுக்கும் ஒவ்வொரு பிரசவ விடுதியை யாவது கட்டிக் கொடுத்து நமது தாய்மார்களுக்கு சுகப்பிரசவம் ஆகும் படி பார்த்துக் கொள்ள வேண்டியது நம் அரசாங்கத்தின் கடமையாகும். Midwife களை கிராமங்களுக்கு நிறைய அனுப்பி இதற்குத் தக்க வசதி செய்ய வேண்டுமென்பதாகவும் நான் கேட்டுக்கொள்கிறேன்.

“மேலும் வைத்தியக் கல்லூரிகளில் மாணவர்களைச் சேர்க்கும் விஷயத்தைப் பற்றி இரண்டொரு வார்த்தைகள். மற்றக் கல்லூரிகளைக் காட்டிலும் தொழிற் கல்லூரிக்கு அதிகம் பேர்கள் அப்ளிகேஷன் போடுகிறார்கள், மற்ற பி. ஏ., போன்றவைகள் படித்தால் எங்காவது ஆசிரியராகவே, அல்லது கிளார்க்காகவோ தான் வர முடியும். ஆனால் இன்ஜினியரிங் கல்லூரியில் படித்தால் உடனே நல்ல உயர்தர சம்பளத்தில் வேலை கிடைக்கும். அதே மாதிரியாக மெடிகல் காலேஜில் படித்தால் ஆயிரக்கணக்காக சொந்தமாகவே சம்பாதிக்க வசதி ஏற்படும் என்பதாக எண்ணிக் கொண்டு இதில் நிறைய பேர்கள் வந்து சேர்கிறார்கள். அதனால் இட நெருக்கடி அதிகம் ஏற்படுகிறது. மதுரையில் மருத்துவக் கல்லூரி ஆரம்பிக்கப்போகிறது என்பதைப் போலவே எல்லா இடங்களிலும் இன்னும் அநேக மெடிகல் காலேஜ்கள் ஏற்படுத்தவேண்டுமென்பதாக நான் கேட்டுக் கொள்கிறேன். அதே மாதிரியாக எல்.ஐ.எம். படிப்பையும் முன் போல ஏற்படுத்தினால் நலமாக இருக்க மென்று எண்ணுகிறேன். இப்பொழுது இருக்கும் எம். பி. பி. எஸ். படிப்பையும் கூட ஐந்து வருஷம் படிக்க வேண்டுமென்றிருப்பதை மூன்று ஆண்டுகள் படித்தால் போதுமென்று செய்தால் நிறைய மாணவர்கள் படிக்க வசதி ஏற்படுமென்று நினைக்கிறேன். இப்பொழுது ஐந்து ஆண்டுகள் நிறைய பணத்தைச் செலவு செய்து விட்டு மெடிகல் காலேஜில் படித்துப் பட்டம் பெறுபவர்கள் கிராமங்களில் 300, 400 ரூபாய் சம்பளத்திற்கு வரமாட்டேன் என்கிறார்கள். ஏனென்றால் நிச்சயமாக இவர்கள் நகரங்களிலிருந்தால் மாதம் ஆயிரம், இரண்டாயிரம் என்று சம்பாதித்துக் கொள்ளலாமென்று எண்ணமிருக்கிறது. அதனால் தான் நாங்கள் கிராமத்திற்கு எதற்காக குறைந்த சம்பளத்திற்கு வரவேண்டுமென்று கேட்கிறார்கள். எனக்குத் தெரியும் பால்மியா புரத்தில் ஒரு ஆஸ்பத்திரி இருக்கிறது. ரூ. 400, 500, என்று சம்பளம் கொடுத்தால் தான் நல்ல டாக்டர்கள் வருகிறார்கள். இல்லாவிட்டால் மிகவும் மோசமான டாக்டர் தான் வருகிறார். அதே மாதிரியாக எங்கும் நிறைய சம்பளம் கொடுத்தால் தான் நல்ல சமார்த்தியமுள்ள டாக்டர்கள் வருகிறார்கள். அதற்கு வேண்டிய வழியைச் செய்யவேண்டுமென்று நான் சர்க்காரைக் கேட்டுக்கொள்ளுகிறேன்.”

“மெடிகல் காலேஜில் சேர்ப்பதற்கு வருப்புவாரி பிரதிநிதித்துவம் முன்பு இருந்தது. இப்பொழுது அது ஒழிக்கப்பட்டு விட்டது. இருந்தாலும் இடம் ரிசர்வ் செய்யும் முறை இருக்கிறது. முன்பு பிராமணர்களுக்கு 2, பிராமணர்கள் அல்லாத ஹிந்துக்கள் 6, ஹரிஜனங்கள் 2, பிற்பட்ட இனத்தவர்கள் 2, கிருஸ்தவர்கள் 1, முஸ்லிம்கள் 1, ஆக இப்படி 14 இடங்கள் இருந்தால் பிரித்துக்கொடுக்கப்பட்டது. இப்பொழுது 20 இடங்களில் 9 பிற்போக்கு இனத்தவர்களுக்கு கொடுக்கப்படுகிறது. உண்மையில் இந்த நாட்டில் 6 கோடிபீர்களில் அநேகம் பிற்போக்கு இனத்தவர்கள் இருக்கிறார்கள். முன்பு ஒரே இனத்தவர்கள் அதிகம் போடாக்கிராக வந்தபொழுது அவர்கள் ஏறா மக்களிடமிருந்து அதிகமாகப் பணம் வாங்கினார்கள். உதாரணமாக பணக் காரர்கள் லக்ஷக்கணக்கில் பேசுவதைப் போல அவர்கள் எல்லா மருந்தையும் லக்ஷக்கணக்கில் தான் பேசுவார்கள். ஒரு இன்ஜெக்ஷன் போட வேண்டுமென்றால் அதில் லக்ஷம்யூனிட், மற்றுள்ளில் லக்ஷம்யூனிட் மருந்து என்று சொல்லுவார்கள். கிராம மக்கள் அதைப் புரிந்து கொள்ளாமல் ‘அடே! இவ்வளவு விலை மதிப்புக் கொண்ட மருந்தை வாங்க வேண்டுமே எவ்வளவு பணம் கொடுக்க வேண்டுமோ தெரியவில்லையே!’ என்று அஞ்சுவார்கள். இப்பொழுது பிற்பட்ட இனத்தவர்களிலும் அநேகம் பேர்கள் படித்து விட்டுத் தொழில் நடத்த வந்து விட்டதால் தான் ஒரு இன்ஜெக்ஷன் ஒரு ரூபாய் அளவுக்கு வந்து விட்டது. ஏறா மக்களும்

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p.m.

[Sri M. Palaniyandi]

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கூட தைரியமாக வியாதியைக் குணப்படுத்த டாக்டர்களிடம் போகிறார்கள். ஆகையால் இன்னும் அநேகம் பிறபட்ட இனத்தவர்களும் டாக்டராக வருவதற்குத் தக்க வசதியைச் செய்து கொடுக்க வேண்டுமென்பதற்காக நான் சர்க்காரைக் கொம்பையும் வணக்கத்துடன் கேட்டுக்கொள்ளுகிறேன். அதற்குத் தக்க ஏற்பாட்டையும் செய்யவேண்டுமென்பதாக கேட்டுக் கொண்டு என் பேச்சை முடித்துக் கொள்ளுகிறேன்.”

(At this stage the Deputy Speaker occupied the Chair.)

Raja V. V. Krishnam Raju Bahadur rose to speak.

\* SRI V. BALAKRISHNAN :—“ On a point of order, Mr. Deputy Speaker. I wish to point out that my hon. Friend who has just finished speaking, has not given notice of any cut motion. Constitutional propriety requires that those who have given notice of cut motions should be called upon to speak in the order in which they have given notice of cut motions. I think my Friend's name is not in the list of those who have given notice of cut motions. I therefore question the propriety of his having been called upon to speak, and I press my right that I should be allowed to speak in view of the fact that I have given notice of a cut motion, and I request that my Cut Motion No. 225 be taken up for consideration by the House.”

THE HON. SRI C. SUBRAMANIAM :—“ Sir, when the hon. Member Sri Palaniyandi was asked by the Hon. Speaker whether he was moving any cut motion, he replied that he was not moving any, and the Hon. Leader of the Opposition also stated that no cut motion would be moved. Then the Hon. Speaker put a general question whether anybody was willing to move any cut motion under the Demand; and as nobody was forthcoming, he took it that nobody was moving any cut motion. Under these circumstances, Sir, the question of moving any cut motion now or the question of priority for speaking, in view of having given notice of any cut motion, does not arise at all.”

\* SRI V. BALAKRISHNAN :—“ Sir, if the Hon. Leader of the Opposition was not prepared to move any cut motion, I think the procedure is that the names of Members in the order in which cut motions have been printed, should be called upon to speak one after another. If nobody comes forward to speak, then the whole Demand is the property of the House and anybody can claim his right of speech.”

SRI R. V. SWAMINATHAN :—“ Sir, the Hon. Speaker asked the Member Mr. Palaniyandi in particular and the House in general whether anybody was moving a cut motion under the Demand, and nobody rose at the time. I do not know whether the hon. Member Mr. Balakrishnan was present in the House at that time or not; I presume he was not present. Otherwise, he would not have raised this point now at all.”

DEPUTY SPEAKER :—“ Immediately after the Demand was moved, nobody came forward to move a cut motion. The Hon. Speaker was in the Chair at that time, and he allowed Mr.

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[Deputy Speaker]

Palaniyandi to speak on the Demand; and that is why it is not necessary now to call the Members to speak according to the printed list.

"The point of order raised by Mr. Balakrishnan cannot be upheld. I now call upon Raja V. V. Krishnam Raju Bahadur to speak on the Demand."

\*RAJA V. V. KRISHNAM RAJU BAHADUR:—“ఉపాధ్యక్ష,

ప్రభుత్వము ప్రతిపాదించునటువంటి ఈ మెడికల్ డిమాండు తీర్మానాన్ని నేను ఆమోదించును, ఈ సందర్భమున పల్లె సీమలోని ప్రజలకు చికిత్సా వసతుల గురించి కొన్ని విషయాలను ప్రభుత్వ దృష్టికి తీసుకొనివస్తున్నాను.

“మన యొక్క ఈ భారతదేశములో, గత చరిత్రనుబట్టి చూచినట్లైతే, పూర్వము హిందూరాజ్యము ఉండినప్పుడు, ఆయుర్వేద వైద్యమునకే చాలా ప్రాధాన్యము, ప్రాముఖ్యము ఇవ్వబడి, దాని అభివృద్ధికి ప్రత్యేక శ్రద్ధ చూపబడుచుండెను. అట్టి పరిస్థితులలో దేశములో రాజకీయ మార్పులువచ్చి, తదుపరి ముస్లిం పరిపాలన (Muslim regime) వచ్చినప్పుడు, యునానీ వైద్యము ముందుకువచ్చినది. ఆ తరువాత బ్రిటిష్ ప్రభుత్వమురాగా, ఆలోపతి వైద్యము తేబడి దానికి అధిక ప్రాముఖ్యత నివ్వబడినది. ఆ ఆలోపతి వైద్యమే నేటికిని మన దేశములో వృద్ధి నొందింపబడుచూ చాలావరకు ఆనుసరింపబడుచున్నది. కాని మన దేశములో ఉన్నటువంటి సామాన్య వీధి ప్రజానీకానికి ఇది అందుబాటులో లేకున్నది. ముఖ్యముగా ఈనాడు పల్లె సీమలో ఉన్నటువంటి నిరక్షరాస్యులు, ఆహారములు, ఆయువులుంటి వీధి ప్రజానీకానికి విచిత్ర వైద్య సమస్యలు లేకుండాయినది. ఈ విషయము అందరికీని తెలిసినటువంటిదే. మన మదరాసు రాష్ట్రములో వైద్య విషయములలో ప్రభుత్వము నేటి వరకుకూడ విశాఖపట్నము మొదలగు పెద్దపెద్ద పట్టణాలలో మాత్రమే ఆనెక లక్షలాది రూపాయలు వెచ్చించి పెద్ద చికిత్సాలయాలు కట్టించడం. ధనవంతులకు special wards విరామము చేయడము, Nurses' quarters కట్టించడం మొదలగునటువంటి సౌకర్యాలు కలుగజేస్తున్నారని, పల్లె సీమలోని ప్రజల స్థితిగతులు విచారించడంలేదు. కనుక, నేను ఈ సందర్భమున ప్రభుత్వానికి ఒక మనవి చేస్తున్నాను. పట్టణాలలోని ఆస్పత్రులలో ధనవంతులకు ప్రత్యేకముగా special wards కాని Nurses' quarters కట్టించడం కాని, ఇటువంటి అనివార్యముకాని సమస్యలు చేయటకు బదులు, ఆదే డబ్బును పల్లె సీమలోని ప్రజలయొక్క వైద్య సమస్యలనులొరకు వెల్లింపుట సమంజసము, సమముగా ఉండునని నేను మనవి చేయుచున్నాను. మన దేశములో దాదాపు 45 కోట్లువరకు పల్లె సీమలోని ప్రజలయొక్క ధనాన్ని ప్రభుత్వము ఖర్చుపెడుతూ యున్నది. ఆ ప్రజల డబ్బు అంత ఖర్చుచేస్తూ యుండినాడే, ప్రభుత్వము పల్లె సీమలోని ప్రజల ఆరోగ్యము గురించి వారికి వైద్య సౌకర్యాలు విమాత్రము కలుగజేయకుండా ఉండడం చాలా శోచనీయము. ఈనాడు వారి కెలాటి సౌకర్యాలు లేక పల్లె సీమలో ప్రజల పరిస్థితి రోగ భూయిష్టంగా ఉన్నది. కనుక ఇటువంటి ప్రజానీకానికి తన వైద్య సౌకర్యాలు కలుగజేయవలెనని మనవి చేయుచున్నాను. అంతేకాకుండా ప్రజలయొక్క నాగరిక జీవితము, స్వల్ప విద్యా వైద్య విధానము వల్లనే దేశానికి అభ్యుదయము చేకూరగలదని మనవి చేస్తున్నాను. సాధారణంగా, ఒక ముమ్మసానికి ఆరోగ్యము సరిగా లేనప్పుడు, అతడు ఎంత బుద్ధిమంతుడైనప్పటికిని, తన బుద్ధిని వినియోగించ జాలదు. కనుక దేశము వాగుపడాలంటే ప్రజలందరూ ఆరోగ్యము ఉండుట చాలా అవసరము. ఏ పనికైనా, మనకు ఆరోగ్యము చాలా ప్రధాన మైయుంటుంది. ముఖ్యముగా, వైద్య, వైద్యము, క్యవసాయము, పరిశ్రమలు,



[Raja V. V. Krishnam Raju Bahadur] [19th July 1952]

ఈ నాలుగు విషయాలు ప్రజాసౌకానికంతకు అందుబాటులో ఉండునట్లు చేయుట ప్రభుత్వముయొక్క విద్యుక్త ధర్మము. వీటి పైననే దేశముయొక్క భవిష్యత్తు యము ఆధారపడియున్నది. కనుక ప్రస్తుతము ఏలాటి వైద్య సౌకర్యాలు లేనటువంటి పల్లె నీమల విషయములో తగు శ్రద్ధ తీసుకొని, కనీసము ప్రతి 5 వేల ప్రజాసౌకానికి ఒక rural dispensary అందుబాటులో ఉండేటట్లు చేయవలెనని కోరుతున్నాను.

“తరువాత స్త్రీల విషయంలో, వారికి ప్రసూతి చికిత్సాలయాలు పల్లె ప్రాంతాలలో ఎక్కడా లేవు. దీనివల్ల వారు చాల కష్టపట్టాలకు గురి అగుచున్నారు. ప్రతి స్త్రీకి ప్రసవ సమయము ఒక గండముగా యుండును. ఒక్కొక్కమారు, ప్రాణాపాయముకూడ సంభవిస్తుంది. ఒక స్త్రీకి ప్రాణాపాయము కలిగిందంటే, ఒక వంశానికి లేక ఒక కుటుంబానికి ఎంతో అనర్థదాయకమని గ్రహించవలసియుండును. కనుక స్త్రీలకు వివిధ చికిత్సాలయాలు, maternity centres న్నూ, ప్రతి అయిదు వేల ప్రజాసౌకానికి అందుబాటులో ఉండేటట్లు rural dispensaries న్నూ ఏర్పాటు చేయవలెనని కోరుతున్నాను. అంతేకాకుండా మా తూర్పు గోదావరి జిల్లాలోని నా తుని సియోజుకపర్లకు లో, 1920 వ సంవత్సరములో అప్పడున్నటువంటి గ్రామీణుని రాణీగారు ఎనిమిది ఎకరాల స్థలాన్ని, 30 వేల రూపాయల ధనాన్ని ఇచ్చి స్త్రీలకు ఒక ఘోషా ఆస్పత్రి కట్టించారు. ఆ ఆస్పత్రిని 1922 వ సంవత్సరములో లేడి వెలింగ్టన్ గారు open చేసినారు కాని ఆ ఆస్పత్రి 1922 వ సంవత్సరములో విస్థిలలో ఉండినదో నేటికని అదే స్థితిలోనే ఉన్నది. దానిని విమూలము అభివృద్ధి పరచలేదు. ప్రభుత్వము తామే స్వయంగా ఆస్పత్రిని కట్టించలేకపోయినప్పటికీ, ఎవరో ఖర్చుపెట్టి ఎంతో స్థలాన్ని ధనాన్ని ఇచ్చి కట్టించిన ఆస్పత్రికూడ ప్రభుత్వము వృద్ధిపరచినదివలెననిచేతుండా ఉండుట చాలా శోచనీయమైన విషయము. ఆ ప్రాంతానికి ఈ ఆస్పత్రి విడిచే, అటు 40 మైళ్ల దూరములోనున్న కాకినాడకు పోతేగాని, లేక ఇటు 60 మైళ్ల దూరములోనున్న విశాఖపట్నమునకు వస్తేగాని తప్ప ఈ సుధ్యను ఎక్కడా స్త్రీలకు చికిత్స సౌకర్యములేదు. ఈ ఘోషా ఆస్పత్రి స్థలముగూడా చాలా విశాలముగానున్నది. ప్రభుత్వము స్త్రీల క్రయస్ను గురించి ఇవ్వటం అనేక రీతులుగా ఈ ఆస్పత్రిని develop చేసేటటువంటి ఆవకాశమున్నది. ఈ ఆస్పత్రిని వృద్ధిపరచినచో, ఆ ప్రాంతములోనున్న లక్షలాది ప్రజలకు ఇది అంధ బాటులో యుండి సహాయపడగలదు. కనుక ప్రభుత్వము దీనియందు శ్రద్ధ తీసుకొని ఈ ఆస్పత్రిని వృద్ధి పరచవలెనని కోరుతున్నాను.

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p.m.

“తరువాత నా తాలూకాలో మూడుచోట్ల మాత్రమే rural dispensaries ఉన్నవి. వాటివల్ల అచ్చటి ప్రజలకు కావలసిన వైద్య సహాయము దొరికడంలేదు. అక్కడ నూటికి 30 మంది కొండ జాతులవారు 10 వేల మంది సముద్ర ప్రాంతముల వాడవల్ల కులస్థులున్నారు. వీరు చాలా backward community కి చెందినటువంటి వారు, చాలా అనాగరికులు. వీరికి ఏలాటి సౌకర్యాలుగాని రాకపోకల సౌకర్యాలు గాని లేవు. వైద్య చికిత్స 12 మైళ్ల లోపుగా ఎక్కడాలేదు. అటువంటి పరిస్థితు లలో ఈ పీఠ ప్రజాసౌకానికి తగిన వైద్య సౌకర్యాలు కలుగజేసి వారిని ఆరోగ్యవంతు లుగా చేసి పైకే దేశాధివృద్ధికి వారియొక్క సహాయము అన్ని విధాలా చేపారుతుందని ప్రభుత్వమునకు మనవి చేయుచున్నాను. కనుక నా తాలూకాలో హంసపరము, కత్తెపూడి, రాతులపూడు, భీమవరపుకోట మొదలగు కొన్ని సెంటర్స్ లో rural dispensaries ఏర్పాటు చేయవలసిందిగా కోరుతున్నాను. అంతేకాకుండా, అలవల్లి వెంకటనగరం అనే గ్రామంలో జిల్లా బోర్డువారు 4 వేల రూపాయలు ఆ గ్రామ ప్రజల donation తో గత సంవత్సరం ఒక ఆస్పత్రిని sanction చేసి కట్టెస్తున్నారు. అ జిల్లా

19th July 1952] [Raja V. V. Krishnam Raju Bahadur]

బోర్డు ఆధ్వర్యముల శ్రీమాన్మొ సరస్వత గారు దానికి foundation కూడా వేశారు. కాని నేటివరకు కూడా దానికి డాక్టరును appoint చేయకుండా ఉన్నారు. కనుక ఈ విషయమునందుకూడ శ్రద్ధ తీసుకొని దానికి తగిన సౌకర్యాలు కలుగజేయవలసిన కోరుతున్నాను.

“తరువాత, డాక్టర్ విషయములో, చాలా చోట్ల డాక్టర్లు బొరకొక, చాలా ఇబ్బందిగా మున్నది. ఇప్పుడు G.C.I.M. అని ఉన్నది. దీనిలో ప్రవేశమునకు ప్రస్తుతము ఎక్కువ అవకాశము లేదు. కనుక దీనిలో తర్జీతు అగుటకు ఎక్కువ అవకాశము కలుగజేస్తే ఇది Indian medicine కు సంబంధించినటువంటిది గాఁ యిది పల్లె గ్రామములోని ప్రజలకు ఎక్కువ వినయోగపడును గాన దానిని recognize చేసి దీనిలో ఉత్తీర్ణులై నటువంటివారిని పల్లె సీమలకు పంపి, అక్కడ ఈ Indian medicine ను ఎక్కువ అధ్యయనముగా చేసి, ఏదో ప్రజానీకానికి వైద్య సౌకర్యాలు కలుగజేయవలసిన కోరుతున్నాను. రెండవది M.B.B.S. course కు ఇప్పుడు applications చాలా వస్తున్నవి. దీనిలో నీట్లు ఒకను కొద్దిగా ఉండడంవల్ల, చాలా మందికి నీట్లు దొరకక నిరుత్సాహము జెందవలసివస్తుంది. కనుక దీనిలోకూడ ప్రవేశానికి ఎక్కువ అవకాశమిస్తూ, ఎక్కువ మంది డాక్టర్లను తర్జీతుచేసి ఈ డాక్టర్ల ద్వారా ప్రజానీకానికి ఎక్కువ వైద్య సౌకర్యాలు చేపూర్చవలసిందిగా ప్రభుత్వాన్ని కోరుస్తూ, ఇంజనీర్ నేను ఈ విషయాన్ని ముగిస్తున్నాను.”

SRI T. POTHA RAJU :—“ఆధ్యక్ష, మెడిసిన్ కు సంబంధించినటువంటిది డిమాండుమీద మాట్లాడుటకు ముందు ఒక ముఖ్యవిషయాన్ని చెప్పవలసిఉంది. మంత్రి గారు యీ డిమాండును ప్రతిపాదించినా మాట్లాడే సందర్భంలో ప్రజలకు మంచి అవకాశం, గృహవసతి, సరియైన నీటి సరఫరా సౌఖర్యాలు లేకపోయినట్లయితే ఆరోగ్యం సరిగా ఉండదని రోగాలు వ్యాప్తి చెందుతున్నాయని చెప్పారు. ఈ కారణాలు సరికావని ఎవరూ అనరు. రోగాలు వ్యాప్తి చెందకుండా ఉండాలంటే పుష్టికరమైన ఆహారం, మంచి గృహవసతి, శుభ్రమైన నీరు ప్రజాసామాన్యానికి లభ్యంకావాలి. ఈ సౌకర్యాలుంటే రోగవ్యాప్తిని ఆరికట్టవచ్చు. తినుటకు మంచి ఆహారం ఉంటే చాలావరకు జబ్బులు రావు. కాని మన ప్రజలలో ఆధికసంఖ్యాకులకు పుష్టికరమైన ఆహారాన్ని సంపాదించుకొనే ఆర్థికసౌభ్యం ఉన్నదా అని ఆలోచించుకోవాలి. ప్రజలకు కొనుగోలు శక్తి నానాటికీ తగ్గిపోతోందని మనవిచేస్తున్నాను. ఇటువంటి పరిస్థితులలో వేద ప్రజలు తమ ఆరోగ్యాన్ని కాపాడుకోవడం చాలా కష్టం. రోగాలు వ్యాప్తి కాకుండా వుండాలి అంటే ప్రజాసామాన్యంయొక్క కొనుగోలు శక్తి అధిగృహస్థులచే వనులు చేయాలి. ఈ విషయమై ప్రభుత్వం విమతర్యలు తీసుకుంటూండో మాకేమి అర్థంకావడంలేదు.

“ప్రజానీకంయొక్క ఆరోగ్యాన్ని కాపాడే నిమిత్తం రోగాలను ఆరికట్టే నిమిత్తం ఇదివరలో నేషనల్ స్లాంగ్ : కమిటీవారు, ఎడ్యుకర్స్ ప్రభుత్వంవారు, ఫోర్ కమిటీ వారు విచారణలనుజరిపి నిపోర్టులు తయారుచేశారు. ఈ నిపోర్టులు అన్నిటిలోకూడా వైద్యవిధానంలోని రెండు ముఖ్య భాగమైన ప్రివెంటివ్, క్యూరేటివ్ శాఖలను సమన్వయ పరచాలని ఒకదానితో రెండవదానిని వివసం (integrate) చేయాలని సలహా యిచ్చారు. కాని నేటివరకు యీ సలహాలు అవరణలో పెట్టబడలేదు. ఫోర్ కమిటీ యీ రెండు శాఖలకేనిపున్న హెల్త్ సెంటర్స్ ను విస్తరించేయవలసిందని సూచించింది. ఈ సూచనకు అనుగుణంగా ఎక్కడనైనా హెల్త్ సెంటర్స్ విస్తరించేవారా అని ప్రభుత్వంవారిని అడుగుతున్నాను. అంతేకాకుండా యీ కమిటీవారు

[Sri T. Potha Raju]

[19th July 1952]

రాష్ట్ర ఆదాయంలో నూటికి 15 వంతులు ఆరోగ్యశాఖ కార్యకలాపాలపై వెచ్చించాలని సూచించారు. దీనిని యీ ప్రభుత్వంవారు పాటించలేదని మనవి చేస్తున్నాను. ఆరోగ్యశాఖపై దాదాపు 5 కోట్ల రూపాయలే ఖర్చుచేయబడినాయి. ఈ డబ్బు చాలదు. అదనం 10 కోట్ల రూపాయలైనా వెచ్చించవలసివుంది. అప్పుడే రోగ వ్యాప్తిని ఆరికట్టి ప్రజాసామాన్యానికి కొంత యిబ్బందిని తొలగించగలమని మనవి చేస్తున్నాను.

“ఈ నాడు రాష్ట్రంలో అత్యధిక హాస్పిటల్స్ ఏ విధంగా నిర్వహించబడుతున్నాయో విషయం ఆలోచించండి. ఈ హాస్పిటల్స్ లోని పరిస్థితులు సంపూర్ణ కరంగా లేవు. హాస్పిటల్స్ ఏర్పాటుచేసే విషయంకూడా, ముఖ్యంగా ఆంధ్రదేశంలో చాలా అక్రమణీయమగునట్లొందని తెలియజేస్తున్నాను. ఆంధ్రదేశంలో డిప్యూటీ హాస్పిటల్స్ K.G. హాస్పిటల్ ఒక్కటే పెద్దది. ఈ హాస్పిటల్ లో కూడా సదుపాయాలు చాలా తక్కువ. ఈనాడు క్షయవ్యాధి పేదవారిని పీల్చి పిప్పిచేస్తోంది. ప్రాప్తి కరమైన ఆహారం సందాదించుకునే ఆర్థిక బలం కలిగిన ప్రజలకు లేనందువల్ల కఠినంగానే త్రాణ తక్కువై ఈ వ్యాధికి పేదప్రజలలో ప్రాచుర్యం వహిస్తున్నాయి. ఈ వ్యాధిని ఆరికట్టే నికాని వ్యాధిగ్రస్తులకు వైద్యం చేయుటకుకాని ఆంధ్రదేశంలో ఎక్కడా శానిటోరియంలు ఏర్పాటుచేయబడలేదు. దీనికొరకు K.G. హాస్పిటల్ లో ఏర్పాటుచేయబడిన వార్డు చాలా చిన్నది. ఈ వార్డును అధివృద్ధిపరచడంలేదని, అందరికీ అందుచాలా తక్కువ అట్లు ఆంధ్రదేశంలో మధ్య ప్రదేశంలో శానిటోరియం కట్టాలని నేను ప్రభుత్వవానిని కోరుచున్నాను.

“పిల్లల జబ్బులకు వైద్యం చేసే హాస్పిటల్స్ (children's hospitals) కూడా ఆంధ్రదేశంలో ఏర్పాటుచేయలేదు. ఒక్క మన్మథ్ లోనే యీ రకమైన హాస్పిటల్ వుంది. ఇంత పెద్ద రాష్ట్రంలో ఒక్క హాస్పిటల్ ఏర్పాటుచేయడంవల్ల ప్రజలకు సదుపాయం చేయగలరా అని అడుగుతున్నాను. మండలాధిపతులు దూరం నుంచి మదరాసువచ్చి వైద్యం చేయించుకోవాలంటే పేదవారు ఎంత వ్యయం ప్రయాణాలకు లోనుకావలసివస్తుందో ఆలోచించాలి. K.G. హాస్పిటల్ లో యిటువంటి జబ్బులకు వైద్యం చేసే వార్డుల సౌకర్యవృద్ధిపరచుకోవలసిందని కోరుతున్నాను.

“కేన్సర్ జబ్బు నివారించటానికికూడా ఆంధ్రదేశంలో సదుపాయాలు లేవు. K.G. హాస్పిటల్ లో ఏర్పాటుచేసిన వార్డు చాలా చిన్నది. రేడియం సీడింప్ మిషన్ల సముపకరి అత్యవసర పరికరాలన్నవైనా కూడా తగినంతగా లేదు. ఈ విషయమై ప్రభుత్వం వారు తగిన శ్రద్ధ తీసుకోవాలి. ఆంధ్రదేశంలో వైద్యసౌఖ్యాలు యీ ప్రభుత్వంవారు కలుగజేయుటలేదని ప్రజలు చాలా ఆసంతృప్తి చెందివున్నారు. ఇక infectious diseases నివారించుటకు సదుపాయాలుకూడా చాలా తక్కువగా వున్నాయి. విశాఖపట్నంలోని K.G. హాస్పిటల్ లో యిందునిమిత్తమై ఏర్పాటుచేసిన వార్డు చాలా చిన్నది. దానిని అధివృద్ధిపరచడం అత్యవసరం

“పోలే డిల్లాలలో అత్యధిక హాస్పిటల్స్ కూడా చాలా హీనంగా వున్నాయి. రోగాలతో బాధపడుతూ హాస్పిటల్స్ కు వచ్చి వాటికి ఎటువంటి సదుపాయం కల్గితే యిబ్బందుటలేదు. రోగులకు యిచ్చే ఆహారంకూడా సరిగా ఉండుటలేదు. హాస్పిటల్ లో పడకలు లేక వరండాలలో రోగులు మూల్గుతూ వుండవలసివస్తోంది. యిప్పుడే ఆస్పత్రులలో అత్యధిక సంఖ్య చాలా పెంచవలసివుంది. వైద్య పరికరాలు, మందులకూడా విరివిగా సరఫరాచేయవలసివుంది. ఈ లోపాలకు తోడు హాస్పిటల్స్ నిర్వహణ కనుపించే లంకగొండితనం మరి దుర్బరంగా వుంది. లంచాలు పెడితేనే కాని సదుపాయాలు కలుగ



19th. July 1952]

[Sri T. Potha Raju]

వేయ్యడుతులేదు. లంచాలు యిచ్చుకోలేని వేదవాంకి హాస్పిటల్స్‌లోనికి ఎక్కువగా కష్టమైపోతోంది. ఈ హాస్పిటల్స్‌లో వసలేనే వైద్యులు యిండ్లవద్ద రోగులను చూచి consulting fees తీసుకోవచ్చునని ప్రభుత్వం వారికి సౌకర్యం కల్పించేవారు. దీని వల్ల డాక్టర్లకు వారి యిండ్లవద్ద 25, 50 రూపాయలు consulting fees దక్కుతే తెల్లించుకోనేవాడికే హాస్పిటల్స్‌లో ప్రవేశం ఇవ్వబడుతోంది. డాక్టర్ల అభిమానం సంపాదించుకోగలిగినవారికే వడకలు ఇస్తున్నాయి. ఇతరులకు ప్రవేశమే కొరకుంటు లేదు. ఒకవేళ ప్రవేశ పెట్టినా వరండాలో నేలమీద వారు ఉంచబడుతున్నారు. Consulting fees తీసుకోవచ్చునని డాక్టర్లకు అశక్తిపించినందువల్లనే రోగులు ఈ పక్షపాత దృష్టితో చూడబడుతున్నారు. కాబట్టి యీ consulting fees తీసుకునే వద్దని రద్దుచేయవలసినదని కోరుతున్నాను.

“ఇక వల్లె ప్రాంతాలలో ఉన్న rural dispensaries విషయం చూడండి. ఇవి చాలా అభ్యాసకస్థైర్యాలే. పున్నాయని అంటే ఎవరూ ఆస్పతరం చేప్పరని అనుకుంటున్నాను. ఈ డిస్పెన్సరీల్లో ఏ L.I.M. వ్యాప్తైకాలో వైద్యులుగా ఉంటున్నారు. వారికి యిచ్చే సబ్సిడీయే దుడెనిమిదవండు మాత్రమే ఉంటుంది. ఇంత తక్కువ జీతంతో ఎవరైనా కాలేక్షనం చేయగలరా అని ఆడగతున్నాను. ఇక మందిలత్తే వారికి 500 రూపాయలు యిస్తారు. యీ 500 రూపాయల మారుబతో ఎంత మందికి వైద్యం చేయగలరో ఊహించగలరాను. ఈ డిస్పెన్సరీలవల్ల ప్రజలకు కల్లాతున్న సౌఖ్యం అత్యల్పం. ఇంక డాక్టర్లు ప్రైవేటు ప్రాక్టీసుచేసుకోడానికి అనుమతంపడదారు కనుక ఆ కొద్దిపాటి సబ్సిడీ చాలని అంటున్నాను. గ్రామాలలో యీ డాక్టర్లకు ప్రయివేటు ప్రాక్టీసువల్ల ఎంత ఆదాయం ఉస్తుందో ప్రభుత్వం గుర్తించాలి. 4, 5 సంవత్సరాలు వ్యయప్రయోగంతోనే చదువుకొన్న యీ వైద్యులకు తగినంత జీతమివ్వనిదే వారు గ్రామాలలో వైద్యంచేసే అవకాశంలేదు. ఈ విషయమై ప్రభుత్వంవారు తమ ప్రస్తుత విధానాలను మార్చుకోవాలని కోరాను.

“నేమనల్ ప్లానింగ్ కమిటీవారు, భోర్ కమిటీవారు కూడా (ప్రిమింటీ) నిరోధన (క్యూరటివ్) నివారణకాఖిలను సమన్వయపరిచి వివిధ ప్రాంతాలలో హెల్త్ సెంటర్స్‌ను ఏర్పాటుచేయవలెనని సూచించారు. ఇప్పుడైనా 50 వేల జనాభాకు కనీసం ఒక్క సెంటర్ తైనా ఏర్పాటుచేయవలసినదని, అటువంటివి రాష్ట్రం మొత్తంలో 200 సెంటర్లు పెంటనే స్థాపించవలసినదని ప్రభుత్వంవారిని కోరుతున్నాను. శ్రీరాజగోపాలాచార్యులు గారు శ్రతిశక్తులవారు నిర్మాణాత్మకమైన సలహాలు ఇచ్చుటలేదని అన్నారు. నేనిప్పుడు చేసిన సలహాలన్నీ నిర్మాణాత్మకమైనవని ఆనడంలో ఎంతమాత్రం సందేహంలేదు. ఈ వైద్య సౌఖ్యాలను కలుగచేయవలసినదని చెప్పుకున్నప్పుడు మేము financial embargo (అడ్డిక విద్రోహం) చేస్తున్నామని ఆరోపించక హెల్త్ మినిస్టరుగారు భోర్ కమిటీవారు సూచించిన సలహాలను ఆచరించుస్తారని అభిప్రాయపడ్డాను.”

DEPUTY SPEAKER:—“The hon. Member Sri Balakrishnan can now move his cut motion, as a special case.”

\* SRI V. BALAKRISHNAN:—“Mr. Deputy Speaker, Sir, I move the cut motion standing in my name, viz.,

‘That the allotment of Rs. 3,33,80,000 under Demand XVI—Medical, be reduced by Rs. 100.’

I move this motion with a view to discuss the necessity for establishing mobile dispensaries for the rural areas.”

[Sri V. Balakrishnan]

[19th July 1952]

" Sir, it is an accepted fact that ninety per cent of the people of the Madras State live in villages and that ninety per cent of the State revenues comes from the countryside. But most of the amenities are kept away from rural parts, and they are all concentrated in the towns. The rural folk are being denied all amenities. Even the dispensaries that are supposed to be there are few and far between. The rural people are not able to have easy and quick access whenever they have to go to these dispensaries. And even when they go, they are not able to find the required medicine there; or the doctors very often ask them to go to the town hospitals. And when they go there, the very sight of these poor people in rags and in ill-looking appearance, with emaciated bodies, sunken eyes and protruding cheeks, brings out not the sympathy of the doctors in those hospitals, but rather their contempt and dislike to them, with the result that these poor village folk are not at all happily received and welcomed by the doctors. Therefore, they have a natural aversion to go to those hospitals. It is only right and proper that these people who form the backbone of our State, who form the backbone of our land, who are the most numerous tax-payers to the Exchequer, should have the ordinary elementary facility of medical treatment whenever they wish to have it. I may point out that in countries like Ceylon, for every two thousands of the population—they are mostly estate workers, and they pay no tax at all to the Government—they have a hospital, and those workers are very well looked after medically. Of course, they are not hospitals manned by men of the highest qualifications, but still even the slightest ailment is at once looked into. While in the towns and major cities, the rich people even for the slightest ailment like headache rush to the hospitals and get good treatment there and are being attended to immediately, it is the poorfolk in the villages, the men and women of the soil, the labourer and the peasant who, even for the most serious ailments, are not able to get any treatment at all. At times they are even subjected to treatment which often proves fatal; they are placed in the sole charge of half-educated doctors and half-baked medical quacks. I therefore propose that the Government should bestow their serious attention on how to tackle this problem; and the best method of tackling this problem is by establishing mobile dispensaries throughout the State, dispensaries that will carry medicine to the ruralfolk, meet them in their own homes, and in case they are themselves unable to bring relief to the patients in the villages, they can arrange for their being immediately transported to the town hospitals for getting treatment there. For these reasons, Sir, I commend my cut motion to the acceptance of the hon. Members of this House."

**SRI CH. S. R. CH. V. P. MURTHI RAJU :—**“ ఉపాధ్యక్ష, ఈ నాడు

మెడికల్ డిమాండుపై మాట్లాడుతున్న నాకు అవకాశము కల్పించినందుకు చాలా సంతోషిస్తున్నాను. మెడికల్ డిమాండుపై మాట్లాడుతున్న అనేకమంది గౌరవసభ్యులు హాస్పిటల్స్ ఎక్కువ కావాలని, ఎక్కువ డబ్బు కావాలని ప్రభుత్వమువారిని అడుగుతున్నారు. కాని ఎవ్వరూ కూడా శక్కువం డబ్బు ఖర్చుచేయవలెనని చెప్పలేదు. తక్కువ

19th July 1952] [Sri Ch. S. R. Ch. V. P. Murthi Raju]

డబ్బు ఖర్చుతో ప్రజల ఆరోగ్యమును కాపాడుటకు వీలైన విధానములగురించి మంత్రి వర్గముగాని, సభ్యులుగాని ఆలోచించడంలేదు. నా ఉద్దేశ ప్రకారము హాస్పిటల్స్ ఎక్కువ ఆవుతున్న కొలది, జబ్బులు కూడా పెరిగిపోతున్నాయని మనవి చేస్తున్నాను. డాక్టర్ల సంఖ్య హెచ్చిన కొలది రోగాలసంఖ్య కూడా హెచ్చిపోతోంది. రోజు రోజుకు కొత్త కొత్త జబ్బుల పెట్టు వింటున్నాము. వాటివల్ల బాధపడుతున్నవారు కూడా ఆ రోజు కారోజు ఎక్కువ ఆవుతున్నారు. కాని, ఈ రోగనిదానం సరిగా జరుగుటలేదు. మందులు వున్నవంటేనే కాని రోగాలు నివారణకావని పిచ్చివస్తుకంటే ప్రజలు చాలా ఇబ్బందులపాలవుతున్నారు. రోగాలు హెచ్చి ప్రజలు వాటికి గురి ఆవుచుండుటకు ముఖ్య కారణం ఆహారనియమాలను పాటించకపోవడమేనని మనవిచేస్తున్నాను. అమితంగా ఆహారంలినడం దానిని జీర్ణించుకొనుటకు అవసరమైనంత పనిచేయకపోవడంవల్లనే ప్రజలు రోగు లౌతున్నారు. నియమ రహిత వర్తనవల్లనే రోగులసంఖ్య నానాటికి పెరిగి పోతోంది. ఈ రోగులసంఖ్యతోపాటు డాక్టర్ల సంఖ్య హాస్పిటల్స్ సంఖ్య పెచ్చు పెరిగి పోతున్నాయి. అందువల్లనే ప్రజలకు వైద్యసహాయం చేసేనిమిత్రం యీ సంవత్సరం ప్రభుత్వంవారు యీ రాష్ట్రంలో చాచాట 5 కోట్ల గూపాయలు ఖర్చుచేయ వల వారు. ఈ 5 కోట్ల మొత్తంలో యావద్భారతదేశానికి వైద్యసౌఖ్యం కలుగ జేయగలం. చాలా లేతకెయైన ప్రకృతి చికిత్సావిధానం మనం అనుసరించి నట్లయితే ఇంత హెచ్చుమొత్తాలు ఖర్చుచేయ నక్కర్లేదు. మహాత్మాగాంధీగారు మనకు ఎప్పుడూ ప్రకృతి చికిత్సయొక్క ప్రాముఖ్యన్ని, ప్రాశస్త్యన్ని గురించి ఎపుడూ చెపుతూ వుండేవారు. ఆ సలహాలనూ, ఉపసేతాలను, ఆయనతోపాటే మనం విస్తరించాము. ఎన్నటికైనా భారతదేశంలోని ప్రజాసామాన్యం ఆరోగ్యవంతులుగా వుండాలంటే ప్రకృతిచికిత్సా విధానమే అవలంబనీయమని మనవి చేస్తున్నాను. ఆంధ్ర దేశంలో ఎంతోకాలం నుంచి ప్రకృతిచికిత్సా విధానం ఆచరణలో వున్నది. భీమ వరంలో ప్రకృతి ఆశ్రమమని ఒక చికిత్సాలయ మున్నది. మందులతో నిమిత్తం లేకుండా యిక్కడ ఆనేకమందికి రోగములు నివారణచేయబడు చున్నవి. కాబట్టి ఈ విధానాన్ని ప్రభుత్వంవారు గుర్తించి ప్రజలలో ప్రచారం చేయించవలసినదని కోరు తున్నాను. ఆహారనియమాలు పాటించి ప్రకృతి సిద్ధాంతాలబట్టి సంవరించినట్లయితే రోగాలు రానే రావు. ఈ నియమాలను ప్రజలకు తెలిపేనిమిత్రం ప్రభుత్వం కృషి చేయాలని ప్రకృతిచికిత్సావిధానం అందరి అందుచాలులో వుండేట్లు చికిత్సాలయా లను ఏర్పాటుచేయాలని ప్రభుత్వాన్ని కోరుతున్నాను. గాంధీజీ బ్రిటిష్ ప్రెస్టెన్ట్లయితే ప్రకృతిచికిత్సావిధానానికి ఎంతేని సహాయము జరిగివుండేది. కాని దురదృష్టవశాత్తు ఆయన పోవడంతో యీ చికిత్సావిధానానికి ప్రభుత్వం తగినంత సహాయమివ్వడం మానివేసింది. ఒకప్పుడు ప్రకాశం పంతులుగారు బ్రిటిష్ వెల్ఫేర్ కమిషన్ కు హాజరైన కలు వగా వారు భారతదేశము పూర్తివంతమైనది, మీరు నన్ను చూచుటకు వచ్చినారా అని అన్నారు కూడా. ప్రకాశంగారు ప్రధానిగా వున్నప్పుడు గాంధీగారు వారిని ప్రకృతి ఆశ్రమాన్ని విమిచేశావని అడిగారు. ఆయన సహాయపడాలని అనుకున్నారు. 80,000 గూపాయలు ఆశ్రమానికి యివ్వవలెనని ప్రయత్నించారు, కాని దుర దృష్ట వశాత్తు ఆయన ప్రధానమంత్రి పదవినుంచి దిగిపోవలసినవచ్చింది. తరువాత కళా నంకట రావు గారు రెవెన్యూమంత్రిగా వుండగా ప్రకృతిచికిత్సా ఆశ్రమానికిగాను ఖామి ఎన్ట్రైజ్ చేసి యిప్పించారు. తరువాత ఆయన పాల్కు మంత్రిగా వున్నప్పుడు యీ ప్రకృతి చికిత్సావిధానాన్ని ఈ గవర్న మెంటు గుర్తించి కేంద్రానికి ధన సహాయం చేయటానికి ప్రయత్నించారు, కాని యంతలో ఎల్లెక్షన్ల వచ్చాయి, దురదృష్ట వశాత్తు ఆయన తిరిగి ఎన్నికకాలేదు. ఈ కారణంవల్ల ప్రకృతిచికిత్సా విధానానికి గత 5 సంవత్సరముల కాలములో తగినంత సహాయం జరుగలేదని తెలియజేస్తున్నాను.

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మరల యిప్పుడు మహాత్మాగాంధీగారి యొక్క ఆనయాయురైన శ్రీ రాజగోపాలాచార్యులు గారు ఈ రాష్ట్ర ముఖ్యమంత్రిగా ఉన్నారు. ప్రకృతిచికిత్సా విధానంపై గాంధీగారివలె యాయనకు కూడా సమ్మతమున్నది గనుక వారు ప్రకృతిచికిత్సా విధానానికి తగినంత ప్రోత్సాహమిస్తారని ఆశిస్తాను.

“ప్రకృతిచికిత్సవల్ల కలరా, మసూచి, గుండెజబ్బు, క్షయ, టైఫాయిడ్, కాన్సర్, రుమాటిజం మొదలయిన రోగముల నెన్నిటివో తగ్గించవచ్చు. మందులతో నిమిత్తంలేకుండానే ఆహారనియమాలను పాటించటం ద్వారాను, యితర సామాన్య చికిత్సలవల్లను యీ రోగములను కుదర్చవచ్చును. ఇకముందు ఈ ప్రకృతిచికిత్సాలయంలో నీరానుఉపయోగించతలచారు. నీరాపుష్టియైన ఆహారం. నీరాతీసుకుంటే గట్టిని శ్రీలు సుఖంగా ప్రసవిస్తారు. పిల్లలకు నీరాయితే ఎటుకల గట్టిగావుండి పుష్టిగావుంటారు. ముసలివారు తీసుకుంటే మెదడు బాగా పనిచేస్తుంది. కాబట్టి నీరాయొక్క వాడకాన్ని ప్రోత్సహించ వలసిందని ప్రభుత్వంవారిని కోరుతున్నాను. అసలు రోగాలు సంభవిస్తున్నాయంటే ఉపరితత్వలు, మలశయం, మూత్రాశయం సరిగా పనిచేయకపోవుల వల్లనే అని మనవి చేస్తున్నాను. ఈ ముఖ్యనియమాలను ఆరోగ్యవంతంగా పుంచుకుంటున్న ఎటువంటి జబ్బులు రాకుండా చేసుకోవచ్చు. ఈ ముఖ్యనియమాలలో వివిధ సరిగా పనిచేయకపోయినా రోగము సంభవించును. ఈ వ్యాధులను నివారించుకోవడానికి ఉపవాసంచేసి నిమ్మరసం కలిపిన నీరు తీసుకుంటే మలశయం బాగుపడుతుంది. కొబ్బరినీరు త్రాగితే మూత్రాశయం బాగుపడుతుంది. నారింజరసం తీసుకుంటే రసంవల్ల ఉపరితత్వలు బాగుపడుతాయి. ఈ సాత్విక విధానాలవల్ల ఎటువంటి రోగాలనైనా నివారించుకోవచ్చు. ప్రజలలో నియమ ఆహారం తీసుకోవాలని, కఠినమైన భుజించాలని, కష్టించి పనిచేయాలని ప్రచారంచేయాలి. ప్రకృతి మనకెన్నో సౌఖ్యరాలిచ్చింది, ప్రకృతిలోనే సర్వ చికిత్సా విధానాలు యిమిడివున్నాయి. ప్రకృతి ముఖ్య సూత్రాలను గుర్తించక మందులకై ఎక్రమ ఆతివ్యయం చేసుకొనే విధానాన్ని వేడదేశమైన భారతదేశంలో నిరుత్సాహపర్చడం ప్రభుత్వం యొక్క విద్యుక్తధర్మం అని మనవి చేస్తున్నాను. సాధారణంగా వారులేని జీవరాసులన్నీ వాటి ఆరోగ్యాన్ని సరిచేసుకోవడానికి ప్రకృతివిధానాన్నే ఆనుసరిస్తున్నాయని మనకుందరకు తెలుసు. ఒక కుక్కకు అజీర్ణంగావుంటే అది పచ్చిగడ్డి తిని కక్కుకుని రోగం తగ్గించుకొంటుంది. పిల్లికి జెబ్బుకగిలిన ఉపవాసం చేసి పుండు మాన్పుకొంటుంది. ప్రకృతిలో రోగనివారణకు ఎన్నోని సమపాయాలున్నాయి. ఉపవాసంచేయడం ద్వారా శరీరములోని కల్లమెన్ని తొలగించి వేయవచ్చు. ముఖ్య సత్వనియమాలను మరువక వాటిని పాటించునంతమూత్రాన రోగవ్యాధి నిరోధించవచ్చు. విరో మందు తీసి కుంటే రోగాలు నివారణ అవుతాయనే ఉద్దేశంతో ఆహారనియమాలను పాటించడం ప్రజలు మానివేసారు. మందులు తినికోడంవల్ల శరీరఆవయవాల యొక్క సహజ శక్తి మందగిస్తుంది, కాబట్టి శరీరంలో వుండే శక్తి పోకుండా వుండాలంటే మందులు నేవించడం మానివేయాలి. ప్రకృతిచికిత్సావిధానంలో భీమవరం ఆశ్రమవైద్యులు శ్రీ వేరాజు కృష్ణరాజుగారు నిపుణులు. ఆయన నైపుణ్యాన్ని గాంధీగారుకూడా గుర్తించారు. భీమవరం ఆశ్రమంలో వచ్చివుండాలనే సంకల్పంతో గాంధీగారు ఒక కుటీరం కూడా వేయించుకున్నారు. కాని యితలో వాళ్ళ దురంతాలు సంభవించటంవల్ల ఆయన రాలేకపోయినారు. ప్రకృతిచికిత్సావిధానం నేడు ఆగ్రహదేశంలో బహుళ ప్రచారంలో వుంది. అనేకమంది వేదవారు దీనివల్ల సహాయం పొందుతున్నారు. ఈ నాడు భీమవరం తాలూకాలో ఎక్కడైనా కలరా సంభవిస్తే ప్రజలు ప్రకృతిచికిత్సావిధానాన్నే ఆనుసరిస్తున్నారు. కాబట్టి యీ ప్రకృతిచికిత్సావిధానము

19th July 1952] [Sri Ch. S. R. Ch. V. P. Murthi Raju]

దేశవ్యాప్తంగా అభివృద్ధిపెంచే నిమిత్తం ప్రభుత్వంవారు ప్రోత్సాహ మివ్వాలని కోరుతున్నాను. ఇక టీకాలు వేయించుకునే సువర్ణకాలా మాదా ప్రజలను వారి దివేయవద్దని కోరుతున్నాను. ఈ టీకాలవసరం లేకుండానే మనుషుల మున్నగు వ్యాధులను నివారించగలమని ప్రభుత్వంవారికి తెలియజేస్తున్నాను. రాజాజీ ప్రభుత్వం మహాత్మాజీకి ప్రియతమమైన యీ ప్రకృతిచికిత్స విధానాన్ని ప్రోత్సహించవలసిందని, పేదవారికి ఉచితంగా వైద్యంచేసే ప్రకృతి చికిత్సాయాలకు ధనసహాయం చేయవలసిందని మనవిచేస్తూ యంతరిత్ విరిమిస్తున్నాను."

SRI M. BAPALIAH CHOWDARY:—" Mr. Deputy Speaker, Sir, I take this opportunity to show the inadequate provisions that were made for Andhra in general and for the Guntur district in particular. We are having in this State one Government medical practitioner for every 6,000 and odd patients. This shows the inadequacy of the medical provision that the Government have made for the citizens of this State. In other countries, there is one medical practitioner for every 30 to 40 patients.

" Then, with regard to dispensaries and hospitals, we are having them only in the District Headquarters or in some important Taluk Headquarters which are not of any help to the villages. When we are canvassing the idea of one police station for five villages, we are not having an idea of providing at least one hospital for five villages which should be located in the central village. This shows clearly that we are having a less number of qualified allopathic medical practitioners. Therefore, it is up to the Government to open one or two more medical colleges to train students in the system of Allopathy. If it is not possible to open new colleges, I request the Government to increase at least the admission strength of the existing medical colleges. 4-40 P.M.

" Then, with regard to the medical aid given to women we are having assistant lady doctors only in a few hospitals. So I request the Government to see that assistant lady doctors are appointed at least in Taluk Headquarters Hospitals throughout the State. There are many maternity deaths in the villages because maternity facilities are not available. I suggest that in the hospitals the Government should post some people trained in midwifery. At present we are not having a hospital even for a group of villages. We are conscious of the fact that we are having less number of allopathic doctors. I hope it may be possible for the Government to encourage the study of Ayurvedic and Homoeopathic systems of medicine at least in our State.

" Then, with regard to the Medical College at Guntur, I must say one thing. It was opened four or five years ago. It is a pity to note that we are not continuing the course after the two-years course in this Medical College. In fact when the Hon. Sri Shetty and Dr. M. V. Krishna Rao visited our district, we thought that provision would be made this year to introduce the third-year course in this college. But no such thing happened. I, therefore, request the Hon. Minister for Health to see to it that at least in the next year, the third-year course is started in this college.

[Sri M. Bapaiah Chowdary] [19th July 1952]

“ Sir, the Hon. Minister for Health said that only Rs. 2 lakhs was allotted for the development of the Medical College at Guntur. More amount should be allotted to this college.

“ Now, I come to the General Hospital at Guntur. Provision was made in the last Budget to increase the bed strength of this hospital, but this year no provision has been made to increase the bed strength.

“ Sir, some provision was made to increase the bed strength by 30 to 40 of the hospital at Gurazala, in Palnad taluk. Even though two or three years have elapsed since the allotment was made, so far the bed strength in that hospital has not been increased. Sir, we are having only one or two hospitals in the Guntur district. Therefore, at least the bed strength of the existing hospitals should be increased. I hope the Government will increase the bed strength of the hospital at Gurazala. With these words, I conclude my speech.”

\* SRI K. ARANGANATHAN :—“ கனம் அவைத் தலைவர் அவர்களே, கனம் சுகாதார இலாகா மந்திரி அவர்கள் கொண்டு வந்த மான்யத்தை நான் ஆதரிக்கின்றேன். சுகாதார இலாகா சம்பந்தப்பட்ட வரையில் 1950-வது வருஷத்திற்கான ஆண்டு அறிக்கை சமீபத்தில்தான் வெளியிடப் பட்டிருக்கிறது. 1951-வது ஆண்டுக்கு இன்னும் வரவில்லை.

“ சுகாதார மான்யத்தைப் பற்றி பேசுவதற்கு அங்கத்தினர்களுக்கு அவகாசம் கொடுக்கவேண்டும். ஆண்டு அறிக்கைகள் ஆங்கிலத்தில் மட்டுந்தான் பிரசுரிக்கப்படுகின்றன. பிரதேச மொழிகளிலும் அவைகள் அச்சடிக்கப் பட்டிருந்தால் ஆங்கிலம் தெரியாத அங்கத்தினர்களும் வைத்திய இலாகாவில் என்னென்ன நடந்திருக்கிறதென்பதை நன்றாகப் புரிந்துகொண்டு வைத்திய மான்யத்தின்மீது பேசுவதற்கு ஏதுவாகும்.

“ சேன்னை மாகாணத்தில் எந்தவிதமான சலுகையும் பெறாதது தென்னாற்காடு ஜில்லாவாகும். அந்த ஜில்லாவிலேயே மிகவும் புறக்கணிக்கப்பட்ட தாலுகா செஞ்சி தாலுகாவாகும். மலைகளும் காடுகளும் நிறைந்த இந்தப் பிரதேசத்தில் சாதாரணமாக மக்கள் வாழ்வது மிகவும் கஷ்டம். மலேரியா, காலரா, நரம்புச் சிலந்தி போன்ற வியாதிகள் அங்கே அதிகமாக இருக்கின்றன. செஞ்சி தாலுகாவில் ஒரு ஆஸ்பத்திரி கூட கிடையாது. செஞ்சி தாலுகாவின் தலைநகரில் லோகல் பண்டு டிஸ்பென்சரி ஒன்றுதான் இருக்கிறது. அதற்காக டிஸ்ப்ரிசிட் போர்டிலிருந்து ஒதுக்கப் படும் தொகை ரூ. 957, ஒரு ஆண்டுக்கு. ஒரு வருஷத்திற்கு ஒதுக்கப்படும் ரூ. 957-க்கு மருந்து வாங்கவேண்டுமானால் Medical Stores-க்குத்தான் indent அனுப்பவேண்டியிருக்கிறது. எல்லா மருந்துகளையும் மெடிகல் ஸ்டோர்ஸிலிருந்துதான் வாங்கவேண்டியிருக்கிறது. ஒரு வருஷத்திற்கு வேண்டிய மருந்துகளுக்கு ‘indent’ எழுதியனுப்பினால், அனேக மருந்துகள் ஸ்டாக் இல்லையென்று சொல்லிவிடுகிறார்கள். மெடிகல் ஸ்டோர்ஸிலிருந்து indent செய்த மருந்துகள் எல்லாம் வந்து சேருவதற்குள் ஒரு ஆண்டு முடிந்து அடுத்த ஆண்டும் பிறந்து விடுகிறது. கடந்துபோன ஆண்டுக்கு, ஏற்கெனவே indent செய்திருந்த மருந்தை அனுப்ப முடியாது என்று தெரிவித்து விடுகிறார்கள். ஆகையால், செஞ்சியிலுள்ள டிஸ்பென்சரியில் விளக்கெண்ணெய் கிடையாது ; Equalyptus oil கிடையாது ; பஞ்சு கிடையாது. மருந்துகளும் அனேகமாக இருப்பதில்லை. வியாதியஸ்தர்கள் டாக்டரிடத்தில் போய்க்கேட்டால், ‘மருந்து இல்லாமல் நான் என்ன செய்ய முடியும்’? என்று சொல்லுகிறார். செஞ்சி தாலுகா 40 மைல் நீளம், 30 மைல் அகலம் இருக்கிறது. செஞ்சியில் டிஸ்பென்சரி பெயரளவுக்கு இருக்கிறதே தவிர, மக்களுக்கு எந்த விதமான உதவியும் செய்யக்கூடிய நிலை அங்கு இல்லை.



19th July 1952]

[Sri K. Aranganathan]

“இந்த ஆண்டில் ஸ்தல ஸ்தாபன நிர்வாகத்தின் கீழுள்ள மூன்று Headquarters ஆஸ்பத்திரிகளை அரசாங்கம் எடுத்துக்கொள்ளப்போவதாகச் சொன்னார்கள். அப்படி எடுத்துக்கொள்ளும்போது, தென்னாற்காடு ஜில்லாவிலுள்ள ஸ்தல ஸ்தாபன ஆஸ்பத்திரிகளையும் சர்க்கார் எடுத்துக் கொண்டு, சென்சி தாலுகா தலைநகரத்தில் ஒரு ஸ்தல ஸ்தாபன ஆஸ்பத்திரியையும் ஏற்படுத்துமாறு கனம் சுகாதார மந்திரி அவர்களைக் கேட்டுக்கொள்ளுகின்றேன்.

“கவர்ன்மெண்டு ஆஸ்பத்திரி சம்பந்தப்பட்ட வரையில், மெடிகல் ஸ்டோரில் மருந்துகள் இல்லையென்றால், தனிப்பட்ட மருந்து கம்பெனிகளில் நேரடியாக வாங்கிக் கொள்ளவாமென்ற உத்தரவு இருக்கிறது. ஆனால் லோகல் பண்டு ஆஸ்பத்திரிகளுக்கு வேண்டிய மருந்துகளை மெடிகல் ஸ்டோரிலிருந்துதான் வாங்கவேண்டுமென்றிருப்பதால் டிஸ்பென்சரிகளிலும் ஆஸ்பத்திரிகளிலும் அவ்வப்போது மருந்து வராமல், மக்களுக்கு எந்த விதமான உதவியும் செய்ய முடியாத அளவுக்கு அவைகள் இருக்கின்றன. ஆதலால் லோகல் பண்டு ஆஸ்பத்திரிகளுக்கும் டிஸ்பென்சரிகளுக்கும் இந்த சலுகையைக் காட்டக் கேட்டுக்கொள்ளுகின்றேன்.

“1948-ம் வருஷத்தில் சென்னை சர்க்கார் B.D.S. Course நடத்துவதற்கென்று ஒரு Dental College-ஐ ஆரம்பிக்க உத்தேசித்து, அதற்கு சென்னை சர்வகலாசாலையும் ஒத்துக்கொண்டது. அதற்காக அரசாங்கம் 2 லக்ஷம் ரூபாய் ஒதுக்கி வைத்திருந்தும் இதுவரையில் அது சம்பந்தமாக எந்த விதமான நடவடிக்கையும் எடுத்துக்கொள்ளவில்லை. பல வலியால் பாதிக்கப்பட்டு சென்னை மாகாணத்தில் பல பேர்கள் அவஸ்தைப்படுகிறார்கள். சரியான பல வைத்தியர்கள் இல்லாத காரணத்தினால், பல்லை எடுக்கும்படியான அளவுக்கு பல வியாதி முற்றி, வியாதிவஸ்தர்கள் இறந்து போகும் படியான நிலையும் ஏற்படுகிறது. ஆகையால், ஒரு Dental College திறப்பதற்கு வேண்டிய நடவடிக்கைகளை எடுத்துக்கொள்ளவேண்டுமென்று அரசாங்கத்தைக் கேட்டுக்கொள்ளுகின்றேன்.

“சென்னை மாகாணத்தில் 741 ஆஸ்பத்திரிகள் இருப்பதாகவும் சுகாதார மந்திரி சொன்னார். அவைகளில் 91 ஆஸ்பத்திரிகள், தகுந்த வைத்தியர்களில்லாத காரணத்தினால், நடைபெறவில்லையென்றும் அவர் சொல்லியிருக்கிறார். M.B.B.S., L.I.M. போன்ற வைத்தியப் படிப்புக்கு 5 ஆண்டுகள் செலவழிக்க வேண்டியிருக்கிறது. மேலும், அதிக பணச்செலவும் ஏற்படுகின்றது. அப்படிப் பணத்தையும் காலத்தையும் செலவு செய்து படித்துத் தேறியவரும் டாக்டர்களுக்கு சர்க்கார் லோகல் பண்டு ஆஸ்பத்திரிகளில் மிகவும் குறைந்த சம்பளம் கொடுப்பதால், அவர்கள் தனிப்பட்ட முறையில் ஆஸ்பத்திரிகளைத் திறந்து சொந்தமான தொழிலை நடத்த வேண்டுமென்ற காரணத்தால், டாக்டர்கள் நகரத்தை விட்டு கிராமங்களுக்கு வரமுடியாத நிலையில் இருக்கிறார்கள். இப்பொழுது நடத்தப்படும் M.B.B.S. வைத்தியப் படிப்போடு கூட ஏற்கனவேயிருந்த L.M.P. course-ஐயும் கொண்டு வந்தால் இப்பொழுது நடைபெறாமல் இருக்கும் ஆஸ்பத்திரிகள் மறுபடியும் நடைபெறுவதற்கு ஹேதவாக இருக்கும். இப்பொழுதிருக்கும் 5 ஆண்டு பயிற்சியை 3 ஆண்டுகளாகக் குறைத்தால், அதிக டாக்டர்கள் பயிற்சி பெற்று கிராமங்களிலுள்ள ஆஸ்பத்திரிகளுக்கு டாக்டர்கள் சலபத்தில் கிடைக்கமுடியும். நமது மாகாணத்தில் மக்கள் பல விதமான வியாதிகளால் பாதிக்கப்பட்டிருப்பதாலும், கர்ப்பிணிகளுக்கு வேண்டிய மருத்துவ வசதிகள் இல்லாமலிருப்பதாலும், கிராமங்களை நகரப் பகுதிகளுடன் இணைப்பதற்குப் போதிய சாதனங்கள் இல்லாத காரணத்தினாலும், ஐந்து கிராமங்களுக்கொரு ஆஸ்பத்திரியாவது ஏற்படுத்தவேண்டும். அப்படி ஆஸ்பத்திரிகள் திறப்பதற்கு போதிய டாக்டர்கள் இல்லாமலிருப்பதால் மூன்று வருஷ வைத்திய படிப்பை ஏற்படுத்தவேண்டும். அப்படிச் செய்து நிறைய டாக்டர்களைத் தயார் செய்தால்தான் கிராமங்களுக்கு ஓரளவு வைத்திய வசதி ஏற்படக் கூடுமென்று தெரிவித்துக் கொள்ளுகின்றேன். 1949-ல் Stipend கொடுப்பதாகச் சொல்லியும் வைத்தியர்கள் வராததற்குக் காரணம் இதுதான் என்பதை நான் கனம் சுகாதார மந்திரி அவர்களுக்குத் தெரிவித்துக் கொள்ளுகின்றேன்.

[Sri K. Aranganathan]

[19th July 1952]

“ அடுத்தபடியாக Post-War Scheme-களில் 92, 99, 100 ஆகிய திட்டங்களின் இதுவரையில் அமல் நடத்தப்படாமலிருப்பதைக்கண்டு வேதனைப்பட வேண்டியிருக்கிறது. அந்த மூன்று திட்டங்களும் நாட்டிலுள்ள மக்களுடைய சுகாதார நிலை அபிவிருத்தியடைவதற்கு வேண்டிய வகையில் இருக்கின்றன. ஆகையால், அந்த மூன்று திட்டங்களையும் அமல் நடத்துவதற்குத் தகுந்த நடவடிக்கைகளை எடுத்துக்கொள்ளவேண்டுமென்று கனம் சுகாதார மந்திரி அவர்களைக் கேட்டுக்கொள்ளுகின்றேன்.

“ கடந்த மூன்று ஆண்டுகளாக, ஆஸ்பத்திரிகளில் இறந்தவர்களின் எண்ணிக்கையைப் பார்த்தால், ஒவ்வொரு ஆண்டும் இறந்தவர்களின் சதவிகிதம் அதிகரித்துக்கொண்டே வருகிறது. இதற்குக் காரணமென்னவென்று பார்த்தால், இதற்குமுன் இருந்த டாக்டர்கள் நல்ல திறமையுடையவர்களாகவும், அனுபவம் மிகுந்தவர்களாகவும், ரண சிகிச்சையில் கைதேர்ந்தவர்களாகவும் இருந்து வந்தார்கள். ஆனால், இப்போது இருக்கக்கூடிய டாக்டர்களின் மனோபாவம் வேறு விதமாக இருக்கிறது. வியாதியஸ்தர்களைத் தக்கபடி கவனித்து வைத்தியம் செய்யக்கூடிய பொறுமையும் திறமையும் இப்பொழுது இருக்கக்கூடிய டாக்டர்களுக்கு இல்லை. இகையும் கனம் சுகாதார மந்திரி அவர்கள் கவனிப்பாரென்று நான் நினைக்கின்றேன்.

“ செஞ்சி தாலுகாவில் நரம்பு சிலந்தியென்ற வியாதியினால் மக்கள் கடுமையாக பாதிக்கப்படுகிறார்கள். கிராமங்களில் உழைத்துக் குடும்பத்தை நிரூபிக்கும் வீட்டுத் தலைவனுக்கு நரம்பு சிலந்தி வியாதி வந்துவிட்டால், ஐந்தாறு மாத காலம் எந்த விதமான வேலையும் செய்ய முடியாமல் வீட்டிலேயே இருக்கவேண்டியிருப்பதால், அவனை நம்பி இருக்கும் பெரிய குடும்பம் பொருளாதாரத்தில் மிகவும் கேவலமாக பாதிக்கப்படுகிறது. தென்னாற்காடு ஜில்லாவில் திண்டிவனம், செஞ்சி, திருக்கோயிலூர், கள்ளக் குரிச்சி தாலுகாக்களில்தான் அதிகமாக இந்த வியாதி பரவியிருக்கிறது. இந்த வியாதி மிகவும் கடுமையான வியாதி. அந்தக் கிராமங்களில் சென்று பார்த்தால் எவ்வளவு பேர்கள் இந்த வியாதியால் கடுமையாக பாதிக்கப்பட்டிருக்கிறார்களென்பது நன்கு தெரியும். நரம்பு சிலந்தி வியாதியைத் தடுப்பதற்கு வேண்டிய நடவடிக்கைகளை இதுவரையில் எடுத்துக் கொண்டதாகவே தெரியவில்லை. ஆகையால், இந்த வியாதியைத் தடுப்பதற்குத் தக்க பரிசாரம் தேடுவதற்கு உடனடியாக சர்க்கார் கவனம் செலுத்தவேண்டும்.

“ கடைசியாக, மீண்டும் கேட்டுக்கொள்ளுகிறேன். ஸ்தல ஸ்தாபன ஆஸ்பத்திரிகளை சர்க்கார் எடுத்துக்கொள்ளும்பொழுது தென்னாற்காடு ஜில்லா விஜயவாடா ஸ்தல ஸ்தாபன ஆஸ்பத்திரிகளின் ஒன்றை எடுத்துக்கொள்ள வேண்டும். அதோடு கூட தென்னாற்காடு ஜில்லா போர்டு செஞ்சியில் ஒரு ஆஸ்பத்திரியைத் திறக்க ஏற்பாடு செய்யவேண்டுமென்று மறுபடியும் கேட்டுக்கொள்ளுகின்றேன்.

\* SRI S. CHELLAPANDIAN :—“ Mr. Deputy Speaker, Sir, in supporting this Demand I want to place certain facts for the consideration of the Government. It is the opinion of all Members of this House and also of the public that the medical relief now given by Government as well as by local bodies is quite inadequate. On account of inadequate medical relief people suffer very much. One reason adduced by the Hon. Minister in his opening speech was want of doctors both to man the existing hospitals and to open new hospitals. I submit the remedy for that is to open more colleges for the training of doctors. In this connexion I want to tell Government that the starting of the Madura Medical College has been talked of for the last four years. Though His Excellency the Governor was pleased to state in his speech that grant has been made in this year's budget for the starting of that college, still it is being delayed for want of a building. From this I

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infer that the prospect of starting that college is still far off. I submit any building, even a temporary shed, should be considered to be sufficient for this year for that college. Consequent on the non-availability of a suitable building, this year no students have been selected for the Madura Medical College. Now, Sir, in the absence of a suitable building in Madura itself, for this year, the problem may be solved in the following way. The students may be selected and may be asked to undergo their course of studies in the Stanley Medical College in a shift system, and this system may be continued till a building is available in Madura itself.

“ Another point I wish to bring to the notice of the Government is with respect to the medical relief to the poor people in villages. We know that most of our people are poor and most of them are in villages. They suffer for want of proper medical relief. In the past, all of us know, rural dispensaries were started in villages under the auspices of district boards, but the scheme failed for want of doctors. Why did that system fail? It failed because doctors were not available on the salary offered by Government or by the local body. The doctors demanded a higher salary. I learn in several cases Government were not willing to sanction this increased salary even though the local bodies were willing to pay that salary. If such things are to happen, how can we have more doctors and adequate medical relief?

4-50  
a.m.

“ Now, I come to another point. Sir, our villages are considered to be healthy. But several taluks suffer for want of maternity centres. People have to get a lady doctor from a distance of 15 to 20 miles; and one need not be surprised to learn that by the time she arrives the patient in several cases would have lost her life. I draw the pointed attention of the Government to this fact.

“ Another point which I want to impress on the Government is about male nurses, of whom we have been hearing for the last few years. Their services are used in hospitals and maternity centres. It is time for the Government to consider how far they can use the services of male nurses with decency and decorum, and more especially as nurses for delivery cases. I am of opinion that males are not at all fit to be nurses in any hospital or anywhere else. (Laughter.) (Sri R. V. Swaminathan: ‘Hear, hear.’) Because nursing requires a certain amount of patience and softness of mind. So my submission is only ladies are fit to be nurses and not males. They may be taken for any other tough jobs but not for this. I hope the learned Minister for Health will consider that question.

“ Another point I wish to submit for the consideration of the Hon. Minister is about Honorary Surgeons, to whom he referred in his opening speech on this Demand. Sir, honorary services are rendered by doctors in every hospital. I submit this is a system which I must oppose.



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p.m. 1 "Honorary Surgeons and Physicians working in Government Hospitals use their position as a means for canvassing private practice. They come there in a light-hearted manner with no sense of responsibility. They come to the Government Hospital at about 10-30 a.m. after working from 7 a.m. to 10 a.m. in their own dispensaries. They have therefore no patience. Frustrated with the impatience of these Honorary Doctors, the patients have to go to their private dispensaries. Sir, in this manner, they want to increase their private practice. They are not very careful nor do they act with responsibility in dealing with the public or with the diseases when they are doing their honorary duties. I therefore think, Sir, that it will be better for the Government to appoint more doctors, pay them adequately and make them work properly, promptly and punctually. There may be a few people who may be coming forth voluntarily to work as Honorary Surgeons or Physicians and the Government could avail themselves of their services after considering whether they will be very useful and whether there is a lack of paid doctors.

"There is another point which has now become very important and which affects not only our State but the whole of India and, I may say, even the whole world, namely, the question of birth control. Our State Minister for Medicine has not considered that point at all. I know this question is worrying everybody and I know that most of the hon. Members of this House are also considering how they should also control births. Birth control will solve the most vital problem of food and overcrowding in educational institutions and many other things. But most people feel delicate to express what they feel on this problem. Most of the husbands may feel that birth control is necessary but they feel delicate to express it to their wives and *vice versa*. Our Government should take up some propaganda in this behalf and appoint persons in each district to educate the people in methods of birth control. This is a measure which the Government should take up immediately as it will solve several problems.

"Though there is a dearth of Doctors, it is said that there is not enough space in Medical Colleges for admitting more students. I suggest that our Government can adopt the shift system. There is one more point, I wish to mention which may also touch upon the education portfolio. It was said that last year the Selection Committee was given the discretion of awarding 450 marks for qualifications other than the certified marks obtained at the examination. Now, I understand that these marks have been reduced to 50, in which case, the Committee Members will have little discretion left to be used in the selection of the candidates. This will hit hard the candidates from the scheduled castes and backward classes as the discretion of the Committee Members has become limited. It will hit these candidates hard in spite of the fact that Government have said that they can also compete for the 60 per cent of general seats. I hope that the Government will be pleased to take this aspect into consideration.

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" Sir, I may be permitted to mention one other point. In several districts, the district boards were maintaining hospitals in the taluk centres. In my district of Tirunelveli five out of eight hospitals in the taluk centres have been taken over by the Government. I submit that the Government should take over all hospitals from the district boards in every district and conduct them directly. In several rural parts also the local boards are not able to conduct the dispensaries efficiently. I hope the Government will be pleased to take them also under their control. As it is a question of life and death, I hope the Government will give priority to this suggestion over all others and come forward to take over all hospitals and run them directly."

\* SRI P. PUNDARIKAKSHACHARYULU :— " Mr. Speaker, Sir, I take this opportunity to place before the House some facts on which the Government are not bestowing any attention. If we examine the statistics of medical aid we find that the rural areas are very much neglected in comparison with urban areas. There are not enough dispensaries or hospitals in rural areas. The Government should try to open a hospital or at least a dispensary for every twenty thousand of the population. In this connexion it is needless to say that Government should pay immediate attention to opening more dispensaries in backward areas like hill tracts and the Agencies. There are no medicines not even Magsulph; in some hospitals and dispensaries, and even in this most essential department concerned with the life and health of the people red-tapism is rampant. This lack of supply of medicines in sufficient quantities leads directly to some malpractices and corruption. There are no medicines in the Local Fund Hospital at Gullasitaramapuram in Srikakulam district ever since the day of its opening a year ago. The Medical Officer in charge of this hospital has been reporting the matter time and again but there is no response from either the Government or the District Board. This dispensary is put up in a rented building which is very dilapidated. The Medical Officer has reported the matter to the concerned authorities and has also suggested that the hospital can be housed in a good building which has been handed over to the Government by the Bobbili Estate under the Zamindari Abolition Act. This building is lying vacant and I see no reason why it should not be given to the Local Fund Hospital. There is also no reason for the delay in saying ' Yes or no ' to the suggestion made by the Medical Officer and I request the Government to move quickly in the matter."

" There are some hospitals in rural as well as semi-urban areas where there is good and large attendance and work for the doctors is very much. The status of some of these hospitals like those for instance, at Rajam, Hiramandalam, Veeraghattam, Palasa and Ponduru in Srikakulam district and Gajapatnagaram and some other places in Visakhapatnam district has been raised. There may be some cases like these in other districts also. The Government should take all these hospitals, and especially those at taluk headquarters, under their direct control and management. The

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Local Fund Dispensaries at Parampeta and Santakavity in Palakonda taluk have been either abolished or shifted to other places. These are places or localities where there should be some medical aid and I therefore request the Government to reconsider the matter and re-open the dispensaries there.

"I come now to the Government Hospital at Srikakulam, the headquarters of Srikakulam district, which was formed three years ago. This hospital as well as the Maternity Hospital there require much improvement and development. The Government should try to make them pucca District Headquarters Hospitals.

5-10  
p.m.

"I congratulate the Government on granting free medical aid to non-gazetted servants of the Government and local boards. I request that this concession may be extended to village officers also.

"The Hon. Minister for Public Health, Sri A. B. Shetty, was pleased to state at a conference at Tenali, some three months back, that medical practitioners were not forthcoming to work as Honorary Medical Officers in Local Fund and Government hospitals, in the Andhra Desa. I know a case in Andhra Desa where the offer of a Medical Practitioner of long standing and reputation to work as an Honorary Medical Officer is being rejected or refused. The name of that medical practitioner is Sri A. Sundararamayya, M.B.B.S. He has worked as a House Surgeon at Srikakulam Government Hospital and at the Maharaja's Hospital at Vizianagaram. He offered to work as an Honorary Medical Officer at Rajam Local Fund Hospital where a large number of patients attend and where there is a lot of work, nearly a year back. It appears the authorities are evading to appoint him as an Honorary Medical Officer. In fact they do not want him to be appointed, for reasons best known to themselves, and the people concerned.

"At present there exist different scales of pay and cadres for doctors possessing M.B.B.S. Degree and for those possessing L.M.P. Diploma who are in the employment of local bodies. But no such difference in the scales of pay and cadres exists in Government service. I request the Government to see that all doctors possessing either the M.B.B.S. Degree or the L.M.P. Diploma in the employment of district boards and other local bodies get the same scale of pay and are put on the same cadre, just like those employed by the Government. With these few words, Sir, I support the cut motion and resume my seat."

\* SRI C. KUNHIRAMA KURUP :—"Mr. Deputy Speaker, Sir, മലബാറിൽ വൈദ്യസഹായം പൊതുവെ വളരെ മോശമാണെന്ന് ഗവണ്മെന്റിനെ അറിയിക്കേണ്ടതാണ്. മറ്റുള്ള district കളെ അപേക്ഷിച്ച് നോക്കുമ്പോൾ മലബാറിലെ വൈദ്യസഹായം വളരെ പരിമിതമാണ്. അവിടെയുള്ള ഉൾനാടുകളിലെ സാധാരണ ക്യാഷ് തിടലും വൈദ്യസഹായം ഇല്ലെന്നുള്ളതാണ് എനിക്ക് പറയാവുന്നതും. മലബാറിൽ പൊതുവേ ബാധിക്കുന്ന ക്ഷയരോഗത്തെ സംബന്ധിച്ച് കണ്ടെത്താൻ നിവാരണമാർഗ്ഗങ്ങൾ ഉണ്ടാകുന്നതിന് ഗവണ്മെന്റിന്റെ ശ്രദ്ധയിൽ പെട്ടിട്ടുണ്ടെന്നത് ആശാവഹമാണ്. മലബാറിലെ പൊതു തലുക്കാരും പെരുംപ്രധാനികളും കൂടി പെരിയാർ സാനിറ്റോറിയത്തിന്റെ പ്രവർത്തനത്തിനുവേണ്ടി പരിശ്രമിക്കുന്നത് മലബാറുകാർക്ക് ഒരു അനുഗ്രഹമാണ്. മലബാറിൽ 45 ലക്ഷത്തോളം ആളുകളുണ്ട്.



19th July 1952] [Sri C. Kunhirama Kurup]

ഇത്ര വമ്പിച്ച ജനസംഖ്യയുള്ള ഒരു district ൽ വൈദ്യസഹായത്തെ സംബന്ധിച്ച പറയുകയാണെങ്കിൽ അമ്പലിനായിരം ആളുകൾക്ക് വൈദ്യസഹായം നൽകുവാൻ വിധത്തിലുള്ള ഏർപ്പാടുകൾ അവിടെ ഇല്ല എന്ന് പറയേണ്ടിയിരിക്കുന്നു. എനിക്ക് മനസ്സിലായേടത്തോളം എന്റെ അനുഭവം വെച്ച് നോക്കുമ്പോൾ കൂടുതൽ താലൂക്കിലെ ചില വിവരങ്ങൾ ഗവണ്മെന്റിന്റെ ശ്രദ്ധയിൽപ്പെടുത്തുവാൻ ആനാഗ്രഹിക്കുന്നു. കൂടുതൽ താലൂക്കിൽ അഭ്യുപകരത്തോളം ആളുകൾ ജീവിക്കുന്നുണ്ട്. കൂടുതൽ താലൂക്കിൽ ഉള്ള ആകെ dispensaryകൾ മൂന്നോ നാലോ മാത്രമാണ്. ഈ താലൂക്കിലെ headquarters ആയ വടകരയിലെ ആസ്സതി ഗവണ്മെന്റ് ഏറ്റെടുത്തിട്ടുണ്ടെന്നാണ് വെച്ച്. എന്നാൽ ഈ ആസ്സതിയെ സംബന്ധിച്ചു കേടായതും വൈദ്യത്തിന് യാതൊരു സൗകര്യങ്ങളും യഥാർത്ഥത്തിൽ അവിടെ ഇല്ല. അവിടെ രോഗികളെ കിടത്തി ചികിത്സിച്ചിട്ടുവാനുള്ള സൗകര്യമില്ല. ഈ ആസ്സതിയോടുകൂടി ഗവണ്മെന്റ് നിയമിച്ചിട്ടുള്ള എക്സിസിറ്റീവ് സാലം ഇന്ത്യവരെയും ഏറ്റെടുത്തിട്ടില്ല. ഒരു വേലി വേലം ഒരു ഇന്നേവരെയും അവിടെ നിയമിച്ചിട്ടില്ല. ഇവക കാര്യങ്ങളിൽ ഗവണ്മെന്റിന്റെ ശ്രദ്ധ കൂടുതൽ പരിശ്രമത്തിലായിരിക്കണം. വടകര ആസ്സതിയിലെ സ്ഥിതി ഇങ്ങനെയൊന്നെങ്കിൽ ഈ താലൂക്കിലുള്ള മറ്റു ആസ്സതികളുടെ കാര്യം പറയാതെത്തന്നെ ഉൾനാടാണെന്നാണ്. വടകരയിലും കട്ടം പ്രാധാന്യം കുറയാതെ ഒരു പ്രധാനപ്പെട്ട ടെൻ ആണ് കൊയിലാണ്ടി. അവിടെയുള്ള ആസ്സതിയെ സംബന്ധിച്ച് അവിടുത്തെ ജനങ്ങൾ ഇതിന് മുന്പുതന്നെ ഗവണ്മെന്റിന്റെ ശ്രദ്ധ ക്ഷണിക്കുകയും ഈ കാര്യത്തിൽ ഗവണ്മെന്റ് ഇടപെടണം എന്ന് ആവശ്യപ്പെട്ടുകൊണ്ട് ചെയ്തിട്ടുണ്ട്. കൊയിലാണ്ടി കൂടുതൽ താലൂക്കിലെ ഒരു സസ്ത്രി താലൂക്കാണ്. ഏകദേശം പതിനഞ്ച് അംശങ്ങളിലെ ജനങ്ങൾ വൈദ്യസഹായത്തിന് വരേണ്ടത് കൊയിലാണ്ടി ആസ്സതിയിലേക്കാണ്. ഈ പതിനഞ്ച് അംശങ്ങളിലും ജീവിക്കുന്ന ആളുകൾക്ക് വൈദ്യത്തിനുവേണ്ടി കൊയിലാണ്ടിയിൽ എത്തിപ്പെടുക എന്ന് പറയുകയാണെങ്കിൽ അതിന്റെ വൈകല്യം എത്രയുണ്ടെന്നു ഗവണ്മെന്റ് ആലോചിക്കണം. പന്തളം നാഗിക, പരിപഞ്ച നാഗികയെല്ലാം മൂരമുള്ള അത്തോളി, എടക്കര മുതലായ ഗ്രാമങ്ങളിൽ നിവസിക്കുന്ന ആളുകൾ കൊയിലാണ്ടിയിൽ എത്തിച്ചേരുക എന്നുവെച്ചാൽ, വഴിയിൽ വലിയ പുഴകൾ കടക്കണം; കുറുകൾ കയറി മറിയണം; എത്തിച്ചേർത്താൽ തന്നെ എത്ര ശുദ്ധമായ വൈദ്യസഹായമാണ് ആ ഗ്രാമീണർക്ക് കിട്ടുക എന്നതു മനസ്സിലാക്കാമല്ലോ. എത്രയോ ഗർഭിണികൾ കൂടുതൽ വൈദ്യസഹായം ലഭിക്കാത്തതുകൊണ്ട് മരണമടങ്ങിയിട്ടുണ്ട്. മലമ്പാറ കടക്കുന്ന ഭാരത സമുദ്രത്തോളമിവ. ഉൾനാടുകളിൽ വൈദ്യസഹായത്തിന് ഏർപ്പാടുകൾ ചെയ്യുക എന്നുള്ളത് ഗവണ്മെന്റിന്റെ അടിയന്തര ശ്രദ്ധയിൽ പെടണം. ആയുർവൈദ്യത്തിന് പ്രോത്സാഹനം നൽകുകയും യാതൊരു പദ്ധതിയും ഗവണ്മെന്റിന് ഇല്ല. ഇന്ന് നാട്ടുവൈദ്യന്മാരുടെ സഹായംകൊണ്ടാണ് നാട്ടുകാർ ജീവിക്കുന്നത്, ഗവണ്മെന്റ് ആസ്സതികൾകൊണ്ടല്ല ഇന്ന് സാധ്യതകളുടെ രോഗം മാത്രമല്ല, എന്തെങ്കിലും അതിൽ തെറ്റിപ്പെന്നാണ് എന്റെ അഭിപ്രായം. ഏതുവിധത്തിലുള്ള വികാസങ്ങൾക്കുവേണ്ടിയും പ്രസവരേഖകൾക്കുവേണ്ടിയും പട്ടുപണയ വൈദ്യം ചെയ്യുവാനുള്ള ആയുർവൈദ്യന്മാരെക്കൊണ്ടാണ് ഇന്ന് മലമ്പാറയിലെ ഉൾനാടുകളിലെ ആളുകൾക്ക് രക്ഷ കിട്ടിക്കൊണ്ടിരിക്കുന്നത്. ഉൾനാടുകളിലുള്ള ആളുകൾക്ക് വൈദ്യസഹായം കിട്ടത്തക്കവിധത്തിൽ ആയുർവൈദ്യത്തിന് ഗവണ്മെന്റ് പ്രോത്സാഹനം നൽകുകയാണെങ്കിൽ നാട്ടുകാർക്ക് ആതുര വലിയ ഒരു അനുഗ്രഹമാണ്. ഇങ്ങനെ ചെയ്താൽ മാത്രമേ നാട്ടിനെ രക്ഷിക്കുവാൻ ഗവണ്മെന്റ് വല്ലതും ചെയ്യുന്നുണ്ടെന്നു പറയുന്നതിൽ അർത്ഥമില്ല. അല്ലാതെ ഒരു പ്രത്യേക അടിസ്ഥാനത്തിൽ ടെൻകളിൽ മാത്രം വൈദ്യസഹായം ഏറ്റെടുത്തുനൽകാൻ സാധാരണക്കാരന്മാർക്കുവേണ്ടി ഉണ്ടാകാൻ പോകുന്നില്ല എന്നു ഗവണ്മെന്റിനോട് പറയുവാൻ ആൻ ആഗ്രഹിക്കുന്നു. ഉൾനാട്ടിലെ കായ്ക്കത്തിൽ അവിടെത്തന്നെ വൈദ്യസഹായം ഏറ്റെടുത്തതുകൾ പലതായി പരിവർത്തിയ ഗവണ്മെന്റ് ആസ്സതിയെ ചെയ്യണം. കൊയിലാണ്ടിയിലെ ആസ്സതിയെ സംബന്ധിച്ച ഗവണ്മെന്റ് ഏറ്റെടുക്കാൻ പോകുന്നതോ എന്നു ചോദിച്ചപ്പോൾ തൽക്കാലം ഇല്ല എന്നു മറുപടിയാണ് കിട്ടിയിട്ടുള്ളത്. ഇതു നാട്ടുകാരുടെ നിർഭാഗ്യം എന്നുതന്നെ പറയട്ടെ. ഈ വകുപ്പിന്റെ മന്ത്രി കൊയിലാണ്ടി സന്ദർശിക്കുകയാണെങ്കിൽ കൊയിലാണ്ടിയുടെ പ്രാധാന്യം അറിയുന്ന മറ്റൊരാൾ മനസ്സിലാക്കും. കോഴിക്കോട്ടിന്റെ അടുത്തു കാണുന്ന ഏറ്റവും പ്രധാനപ്പെട്ട ഒരു ടെൻ ആണ് അത്. കോഴിക്കോട്ടിനെ വടക്കു മലമ്പാറയിലേക്ക് പോകുന്നതു പ്രധാനപ്പെട്ട ടെൻനായ കൊയിലാണ്ടിയിൽ കൂടിയാണ്. ഗവണ്മെന്റിന്റെ ഏറ്റവും സാധാരണയായ അവിടെയുണ്ട്. പല വ്യവസായകേന്ദ്രങ്ങളും

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p.m.

[Sri C. Kunhirama Kurup] [19th July 1952]

അവിടെയുണ്ട്. തിങ്ങിക്കിടന്ന ചെറിയ ചെറിയ സ്ഥലങ്ങളിൽ എത്രയോ കുടുംബങ്ങൾ ഉണ്ട്. കടലോരങ്ങളിൽ ജീവിക്കുന്ന മത്സ്യപ്രവൃത്തിയിൽ ഏർപ്പെട്ടിട്ടുള്ള ഒരു വമ്പിച്ച ജനസംഖ്യ അവിടെ താമസിക്കുന്നുണ്ട്. ലക്ഷക്കണക്കിലുള്ള ആളുകൾ അവിടെ ഉള്ള ആ ആസ്സൂട്ടി കണ്ടൽ ഈ രാജ്യത്തിലെ ഭരണാധികാരത്തിന് രാജ്യം അത് അപമാനകരമാണ്. ഈ ആസ്സൂട്ടി ഗവർണ്മെന്റ് ഏറ്റെടുക്കുകയും നാട്ടുകാരുടെ വൈദ്യസഹായകാർത്ഥം പരിഷ്കരിക്കുവാൻ ഉള്ള ഭവ്യ" ഉണ്ടാകണമെന്ന് ഗവർണ്മെന്റിനോടു ഞാൻ അഭ്യർത്ഥിക്കുകയുണ്ട്. ഈ കാര്യത്തിൽ ഗവർണ്മെന്റ് ശ്രദ്ധിച്ചാൽ അത് നാട്ടുകാരന് ഒരു ഉപകാരമാണ്, പാവപ്പെട്ടവന് ഒരനുഗ്രഹമാണ്.

(At this stage the Hon. Speaker occupied the Chair.)

"ഈ കാര്യം സംബന്ധിച്ചുടനോടും അദ്ധ്യക്ഷനായും ആദ്യമായും പറയാൻ ഇത് ആദ്യമായിട്ടുള്ള പ്രോഗ്രാമിന് നൽകുകയുണ്ടെന്ന് മലബാറിലെ സാധാരണക്കാരുടെ രോഗത്തിന് ഒരു വൈദ്യതി ഉണ്ടാകും എന്നാണ്. ആദ്യമായിട്ടാണ് സഹായം കൊടുക്കുവാൻ ഒരു പദ്ധതി ഈ ഗവർണ്മെന്റിന്റെ ശ്രദ്ധയിൽ ഉണ്ടായിത്തീരും എന്നു ഞാൻ വിശ്വസിക്കുന്നു എന്നു ഇതുമാത്രമാണ് പറയുവാനുള്ളത്."

\* SRI B. VALKUNTA BALIGA :—" Mr. Speaker, Sir, I rise to support the Demand and oppose the cut motion. In doing so, I wish to congratulate the Hon. Minister for Health on his very modest Demand. It is really surprising that he and his department have been able to achieve so much with such modest Demands in the previous years and that they are going to attempt to do the same thing with the modest Demand which is now before the House. If we analyse the Budget, it will be found that the amount that is asked for under this Demand is small. Roughly if we take the amount under this Demand and the conjoint Demand of Public Health, it is about five crores out of an aggregate expenditure of one hundred crores of rupees. If we eliminate the capital outlay on new schemes and confine ourselves to expenditure under Revenue Account, it is 5 crores out of 71 crores—roughly about 7 per cent. Now, Sir, may I ask, whether there is so much done in any other country, with such a modest Demand? An analysis of all the cut motions reveals one thing. The complaint is that more money has not been allotted—not that any special head included in this Demand is open to any objection whatsoever. Anyhow this Demand is entitled to and will receive the unanimous support of all Members of the House irrespective of their party affiliations. But it does not necessarily follow that the provision that is made is adequate. None will be happier than the Hon. Minister for Public Health or the Hon. the Finance Minister if the Government will be able to find more money for expenditure under this Demand. That can be done by taxation and that takes me to a different aspect altogether. Yet I must say that the provision that is made is not at all satisfactory even in the view of the best admirers of the Hon. Minister for Public Health or Government.

"Let me now express a few ideas that will be helpful, if not for this year, at least for the coming years. It is regrettable, Sir,—and I am asked to state it not only on behalf of South Kanara district but also on behalf of Malabar district—that the District Headquarters Hospitals in South Kanara as well as in Malabar are in imperative need of expansion, betterment and greater provisions.

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both with regard to the building accommodation and materials that are supplied. I am aware, Sir, that the Government have sanctioned two schemes for these two hospitals. But a sanction does not give satisfaction unless it is followed by execution of the scheme. Perhaps the Hon. Minister finds it delicate to press the execution of the scheme because he happens to be a native of the district of South Kanara. Sir, I am sure, the Government will receive the criticism in a constructive spirit, bearing in mind that this district of South Kanara and the West Coast as a whole are not able to get from the Government what they richly deserve.

"I may mention, Sir, that a Medical College for the West Coast is also an urgent need. If the Government cannot meet the need, would it not be proper for them at least to sympathetically consider any offer by any private agency to start a Medical College and conduct it on the most rigorous methods that will satisfy the Government?

"Sir, I wish to explain my ideas a little further. It is said that it is not possible to establish more Medical Colleges. That more doctors are wanted is an undisputable fact. How are we going to get more doctors unless we establish more Medical Colleges? I suggest, Sir, that loans be raised for starting new Medical Colleges. If it is not possible to establish more Medical Colleges, will I not be right in pressing upon the Government to establish a medical school for every district—if not for every district, at least for a couple of districts put together? That will go a long way to cater to the essential needs of the people. I know, in my district of South Kanara, during the monsoon season, people who live in villages are not able to get medical help. Am I not right, Sir, in urging that the Government ought to take the peculiar conditions prevailing in every district and render such justice as is possible?

"With regard to the Headquarters Hospital at Kozhikode, I am told, Sir, that so far as food is concerned, it requires to be examined both with regard to quality and distribution. I am also told that the payments that are made to the nurses are not adequate. But, that of course is a question to be decided for the entire State and not at the district level.

"With regard to the scheme of medical education, I wish to emphasise again the need for starting medical schools. I wish to make a further suggestion that a composite course should be started, whereby at the end of the second year if any student finds it not possible to continue his studies, he may be fit to take employment as Sanitary Inspector in the Health Department. At the end of the third year, a student who is not able to continue his studies further should be able to practise as a Dentist. If I have time, Sir, I can explain my ideas further on this subject. Having regard to the imperative need for medical facilities in this State, it would be proper for us to think of starting some medical schools. I feel that the Government also have such ideas before them. I have emphasised and re-emphasised this so that the Government may bestow their attention on this matter at an early date.

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"Then there is the idea of starting of mobile dispensaries. This is being attempted by other State Governments. There is no reason why our State should not try it, particularly in the districts where there are difficulties of terrain and where it is not possible for the people to go to the Headquarters Hospitals easily during the monsoon seasons. A mobile dispensary will save many a life in such circumstances which our Government are bound to save.

"With regard to the medical facilities much more is required than what are available now. Our Government have perhaps provided the best medical facilities as compared with the other States. But still, I feel, there is great room for improvement. I know the Government are now spending 3.8 crores while in 1946 they were only spending 1.8 crores of rupees. In conclusion, Sir, I have no hesitation in commending for the unanimous acceptance of the House the Demand that is made for this department."

**SRI BOJJA APPALASWAMY :—**“అధ్యక్ష, వైద్య సహాయము కొరకు ప్రభుత్వమువారు చేస్తున్న ఈ కృషికి నేను అభినందనలు, విధానంలో మాత్రము కొంత మార్పు తీసుకురావాలని కోరుతున్నాను. ధర్మ వైద్యశాలలు ప్రభుత్వంవారికి వున్నవి. వీర జాతులకు రోగాలు ఎక్కువగావుండే తాలూకాలు చాలవరకు వున్నవని చెప్పుతున్నాను. సాధారణముగా రోగాలు పేదజాతులలో, ముఖ్యంగా హరిజనులలో వున్నవి. ఇటువంటి హరిజనులకు హాస్పిటల్ సౌకర్యాలు అందుబాటులో లేవని చెప్పాలి. గ్రామాలలో సవర్ణ హిందువులు కనీసము నాలుగుడు కుటుంబాలు వున్నచోటగాని వైద్యశాలలు లేక పోతున్నవి. రోగులు యీ వైద్యశాలకు రావాలంటే చాలా కష్టమీద రావలసి వస్తున్నది. ఇక ప్రభుత్వంవారు నియమించిన వైద్యశాలలలోని డాక్టర్లు ఈ రోగుల కొరకు రమ్మంటే, రావటానికి నిరాకరిస్తున్నారు. ఈ రోగులుగూడ అంత దూరము వెళ్ల లేకపోతున్నారు. ఒక వేళ ఈ రోగులు వెళ్లవలసినదే బిల్లులోవున్న పెద్ద వైద్యశాలలకొరకు కాకినాడ అయిననూ, లేక రాజమండ్రి అయినను వెళ్లవలెను. ఈ పెద్ద పెద్ద పట్టణములలోవున్న హాస్పిటల్స్ లో వ్యాధి నివారణకొరకు వెళ్లిన పేద ప్రజానీకాన్ని వివిధంగా నిర్దిత్య భావముతో చూస్తున్నారో ప్రభుత్వానికి తెలుసును అని నా అభిప్రాయము. ఒక వేళ ఎవరైన ఒక పేద జాతికి చెందిన రోగి యీ పెద్ద వైద్యశాలకు, ఎంతో దూరమునుండి కష్టపడిరాగా, మొదట గేటులో వున్న బంట్రోతు విడువదు. ఆయనను తప్పించుకొని లోపలికి వెళ్ల లే, డాక్టరు గారు అసలే మాట్లాడరు, చికిత్సకొరకు హాస్పిటల్ లో చేర్చుకొనుటకు కూడా నివరత మైన కష్టము. ఒక వేళ చేర్చుకుంటే లోపల సరిగా చూడరు. Beds ఇవ్వరు. ఇట్టి సందర్భములలో యీ పేద జాతికి చెందిన రోగి యొక్క కష్టము చెప్పనవసరము లేదు. అతి, గతి వుండకుండా కాలము గడుపువలసినవస్తుంది. అందు వలన యీ ధర్మ వైద్యశాలలు ప్రజలకు పూర్తిగా ఉపయోగపడుతున్నవని చెప్పుటకు ఏమి లేని వున్నది. రోగులకు సరియైన చికిత్స లభించడములేదని చెప్పుతున్నాను. అందువలన రోగులకు సాధ్యమైనంత దగ్గరగా వైద్యశాలలు వుండేయడం, రోగులు త్వరలో చికిత్సపొందుటకు అవకాశముండగలదు. హాస్పిటల్ దగ్గరలోవున్న కారణం చేత, ముఖమాటమువల్ల నైనను చికిత్సపొందగలరు.

“ఇంచేకాకుండా వైద్యశాలలో పనిచేయు డాక్టర్లు, మంత్రిసాని, మొదలగు ఉద్యోగములు యీ హరిజనులకు యిచ్చినట్లయితే యిప్పుడు ఉన్నటువంటి అస్పృశ్యత నివారించటానికి చాలా అవకాశముండగలదు. వికలరాగాని, మహావి మొదలగు అముఖ్యాధులుగాని వచ్చికప్పుడు, యీ వైద్యశాలలో పనిచేయువాళ్లు వెంటనే వెళ్లి,

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చికిత్స చేయుటకు వీలుండును. అందువల్ల యీ Medical side భవనాలు వీలయినంతమటుకు హరిజనులకు యిస్తే నే చాగావుండునని నా అభిప్రాయము.

“ఇంకొకవిషయము చెప్పదలచినాను. మా తూర్పుగోదావరి జిల్లాలో కోన నీమ అని పేరు వహించెడి అమలాపురం, రాజోలు, రామచంద్రపురం తాలూకాలు డెల్టా తాలూకాలు. వీటికి ఒక ప్రక్కన సముద్రము, మూడు ప్రక్కలనీ గోదావరివర్తించు. ఈ తాలూకాలు విశాలమైన తాలూకాలు. ఈ తాలూకాలకు అన్నిటికీ చేరి ఒక Hospital అయిననూలేదు. ఈ ప్రాంతాల నుండి రోగులు వైద్యశాలలకు వెళ్లవలసినట్లు District Headquarters Hospital వుండే కాకినాడకైనా వెళ్లవలెను, లేకపోతే రాజమండ్రి అయినా వెళ్లవలెను. రహదారి మీద మైళ్లదూరమునుండి రావాలంటే ఈ రోగులు చాలా కష్టపడవలసియున్నది. ఇంతదూరమునుండి వచ్చినను కాలయాపనలేనిదే చికిత్సపొందలేరు.

“ఈ మధ్య మా అమలాపురం తాలూకాకు చెందిన, అఖిల భారత కాంగ్రెసు మాజీ కార్యదర్శి, శ్రీ కళా వెంకట్రావుగారు మన ప్రభుత్వములో వైద్యశాఖా మంత్రిగా వున్నప్పుడు యీ విషయములో ప్రజలు విన్నవించగా, వారు తమ ఒడివిలో కొద్దికాలము చూస్తేమే యున్నందున యీ విషయములో కృషిచేసి యీ కోననీమకు ఒక Hospital అయిననూ నిర్మించుతారని ప్రజలు అరిచారు కాని, వారు అట్లు చేయ లేకపోయినందున ఆ ప్రాంతపు ప్రజల దురిదృష్టమేనని చాలా చింతించుచున్నారు. ఆ తాలూకాలు సుమారు నాలుగు లక్షల జనాభాగా కలిగియున్నవంటి ప్రదేశముగాన, ప్రభుత్వంవారు యీ తాలూకాలలో వున్న ప్రజల కష్టములు గమనించి, ఒక Hospital అయిననూ స్థాపించి యీ కోననీమలోని ప్రజలకు వైద్య సహాయము చేయుదురని కోరుతూ ఇంతటితో విరమిస్తున్నాను.”

\* SRI K. KOTI REDDI:—“Mr. Speaker, Sir, I support the Demand. In doing so, I only want to draw the attention of the Hon. Minister for Medical and Public Health to the woeful need for medical relief in rural areas. A number of hon. Members who preceded me touched on this point. From the way in which cut motions on this Demand have been given it is clear that many of the hon. Members keenly feel the need for medical facilities in rural areas. In the review of the Government of the Triennial Report on Civil Hospitals, it is said: ‘The subsidy to rural medical practitioners and maternity assistants and the provision for supply of medicines to rural dispensaries were enhanced during the triennium. In spite of this encouragement, there was poor response from medical men to take up appointments in rural dispensaries and consequently several of these dispensaries had to be closed and some of them were converted into dispensaries of Indigenous Medicine.’ We have really very few dispensaries in the mufassal and we have not enough doctors to staff even those few dispensaries. It means that the number of doctors that are turned out by our medical colleges is not sufficient. Though the number of medical colleges has been recently increased to about five, still we find that there is need for many more colleges in order to turn out a larger number of doctors. I know that provision of medical education is very costly. In spite of that, we have to find the means for starting more colleges for training more medical men. When the Government dispensed with the L.M.P.

[Sri K. Koti Reddi]

[19th July 1952]

course, I was really very glad because I felt that in a matter of life and death, we ought to have the best medical education. In some of the towns, there are a fairly large number of private practitioners. Very few—practically none—of the M.B.B.S. doctors are prepared to settle down in village. They are not even attracted by the subsidy given by the Government and the local board for rural dispensaries. So we have to do something for giving medical relief to rural classes. There is a feeling among the rural classes that after all they need not, if they could help it, resign themselves to fate, and that they should get some help from the doctors. Only they feel that they are not rich enough to go to them. It is almost impossible to go to them. I spend a major portion of my time in two or three villages. There is not one dispensary in any of them. But I am well-to-do enough to come even to distant Madras for medical relief. But the rural classes are not in a position to go even to ordinary dispensaries, let alone bigger dispensaries or better hospitals. I really feel that the villager, who works day in and day out and contributes a major portion to the revenues of our State, ought to be dealt with better.

Some quacks, who do not know anything of medicine and who had had no practical training, make a lot of money in villages. I know that in one headquarters place, which has a population of about 2,000 and two or three trained doctors, one who has had absolutely no training in medicine is earning Rs. 1,000 to 1,500 per month. That is another sorry aspect of the medical relief that we give to the villages. It means that we have not done enough propaganda among the villagers to distinguish between doctor and doctor.

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It seems to me that propaganda is also necessary. In this connexion, I may say that doctors in modern medicine, trained some years ago in headquarters hospitals or otherwise do really need some refresher course. Some of them have had training in days when medical science had not progressed very far. To-day we find medical science has progressed by leaps and bounds. Every-day we find a new discovery made and a new remedy found. I should feel that many of these old doctors who really need some help in that direction should be given that help. I should really like to see that an allopathic doctor, whether he practises in rural areas or in urban areas, is compelled to undergo a sort of refresher course in the General Hospital here, which is one of our best equipped hospitals. This refresher course must be made compulsory for all doctors once in five or six years.

Sir, if really we want to help the rural areas with medical relief, we must have a number of doctors in the rural areas. That can be done only by increasing the number of medical colleges. I was one of those who felt that medical education should be made free. I felt so when I found a number of very intelligent and poor people, for want of finance, were not able to go to the medical college. I find to-day a number of applicants are not given admissions in the medical college. Their applications are rejected for want of accommodation. Even then, it is not the well-to-do



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people alone that turn out to be very good doctors. Medical education is becoming very costly. Whether the doctor settles down in a village or town, he is certainly useful not only to himself but to others also. I feel therefore that medical education should be as cheap as possible.

"In this connexion I may refer to, I do not call it a controversy, a suggestion that was made some time before that, because many of the women doctors, who got medical education, married later and settled down not for practice but for looking after their own children, giving medical education to women might not be very useful. That may be so. But I really feel that it is desirable to give as good a chance for women to be trained as doctors as men are given chances. It is worthwhile doing so. I would like to mention here that in my part of the country there is need for opening a medical college. We have a college at Guntur and another at Visakhapatnam. There are of course two colleges at Madras. We find that getting admission in the Madras colleges is very difficult for boys from our area. I desire that a time should soon come when Government will realize the need for opening a medical college in Rayalaseema. Before I close I should like to make mention of one thing. In rural dispensaries, where ayurvedic medicine is given, we find sometimes that it is very difficult to get reliable medicines from private people. On account of the lowest tender system, it has not been possible for district board dispensaries to get and give effective medicines. I would rather suggest to the Government that they should prepare under their own auspices and supervision some of the ayurvedic medicines which can be supplied to dispensaries in the interests of the rural people."

\* SRI K. MADHAVAN NAMBIAR :—“ Mr. Speaker, Sir, ശ്രീകൃഷ്ണ സഹായം ഒരു സംബന്ധിച്ച് എന്റെ അഭിപ്രായത്തെ രേഖപ്പെടുത്താൻ ഞാനാഗ്രഹിക്കുന്നു. ഈ കോടതി ഈ ലക്കത്തി എൻപതിനായിരം (3,03,80,000) രൂപയിൽ യാണ് ശ്രീകൃഷ്ണ സഹായത്തിനുമേലുള്ള ഇക്കാര്യത്തെ ബഡ്ജറ്റിൽ ഉൾക്കൊള്ളിച്ചിട്ടുള്ളത്. വാസ്തവത്തിൽ അതിലും പതിനായിരം രൂപയായിട്ടും നിർമ്മിച്ചിട്ടുള്ള നമ്മുടെ നാട്ടിലെ ജനങ്ങളെ ചികിത്സിക്കുന്നതിനുമേലുള്ള ഒരു തുല്യമായ ഒരു സംഖ്യ നിക്ഷേപിച്ചതിൽ ഞാൻ വ്യസനിക്കുന്നു. കഴിഞ്ഞ കൊല്ലത്തെ സംഖ്യയിലും വലിയ വ്യത്യാസമൊന്നും ഇതിലും കാണുന്നില്ല. അതുകൊണ്ടുതന്നെ ഗവണ്മെന്റിനെ പുതുതായി യാതൊരു പദ്ധതിയും ഇല്ല എന്നു പറയേണ്ടിയിരിക്കുന്നു. ഉൾനാടുകളിൽ ആസ്സൂട്ടികൾ നിർമ്മിക്കുന്നതിനും ഇക്കാര്യത്തെപ്പറ്റി ആസ്സൂട്ടികളിൽ വേണ്ടുന്ന റെസിഡൻ്റ് വർദ്ധിപ്പിക്കുന്നതിനും ഉള്ള പദ്ധതി കാണുന്നില്ല. പതിനേഴാം പതിനെട്ടാം ഉൾനാടുകളിലും വാണിജ്യോപരികൾ ചെയ്യുന്ന ചെറുകിട ഉദ്യോഗസ്ഥന്മാരുടെ ശമ്പളം വർദ്ധിപ്പിക്കുന്നതിനും വകയിരുത്തിയിട്ടില്ല. എന്നാൽ ഇല്ലാത്ത റൂറൽ ഡിസ്ട്രിക്റ്റുകളെ സംബന്ധിച്ചു പറയുകയാണെങ്കിൽ അവയുടെ സ്ഥിതി നന്നാക്കുവാൻ യാതൊരു പദ്ധതിയുമില്ല. District board റൂറൽ വക ചില ആസ്സൂട്ടികളുണ്ട്. ‘ചത്താതിനൊക്കുമേ ജീവിച്ചിരിക്കിലും’ എന്നതുപോലെയാണ്—അതു ഉള്ളതും ഇല്ലാത്തതും ഒക്കെ. ഇതു തുല്യമായ ഈ സംഖ്യ വകയിരുത്തിയതുകൊണ്ട് ജനങ്ങൾക്കു യാതൊരു ചെലവുമില്ല. ഞാൻ ചോദിക്കുന്നു പുതുതായി ഈ നാലും അംഗങ്ങൾക്കുതന്നെ പോലീസ് സ്റ്റേഷനുകൾ സ്ഥാപിക്കുന്ന ഈ ഗവണ്മെന്റിനെ അയ്യം പത്തും അംഗങ്ങൾക്കു എങ്കിലും ഒരു ചെറിയ ആസ്സൂട്ടി ഉണ്ടാക്കുവാനുള്ള സാധനം എന്തുകൊണ്ട് ഉണ്ടാകുന്നില്ല എന്ന്. ഉൾനാട്ടിലെ ജനങ്ങൾ മലമ്പ്രദേശങ്ങളിലെ വ്യാപാരികൾ പിടിപെട്ടു നരകിക്കുന്നുണ്ട്. അതിനു യാതൊരു സഹായവും ഗവണ്മെന്റ് ചെയ്യുന്നില്ല. മലബാറിൽ ആകെ മുപ്പതു മില്യൻ വെറുമാരാണ് ഉള്ളത്. വാസ്തവത്തിൽ മാരക അംഗത്തിനും ഒരു മില്യൻ വെറുമാർ ആവശ്യമാണ്. കൂടുതൽ ആസ്സൂട്ടി വേണമെന്ന ഗവണ്മെന്റിനോടു പറയുന്നവർ

[Sri K. Madhavan Nambiar] [19th July 1952]

പറയും ഡോക്ടർമാരുടെ അഭാവം ഉണ്ടെന്ന്. വാസ്തവത്തിൽ നമ്മുടെ സംസ്ഥാനത്തിൽ മൂന്നു നൂലു മെഡിക്കൽ കോളേജുകൾ മാത്രമാണ് ഉള്ളത്. കൂടുതൽ മെഡിക്കൽ കോളേജുകൾ തുറന്നു കൂടുതൽ ആളുകൾക്ക് പരിശീലനം ഗവർണ്മെന്റ് നൽകേണ്ടിയിരിക്കുന്നു. മലബാറിൽ ഒരു മെഡിക്കൽ കോളേജിന്റെ ആവശ്യമുണ്ട്. മലബാറിൽ അനേകം ആളുകൾ ദുരസ്ഥാരം ചെയ്തു വൈദ്യപരിശീലനം ചെയ്യാൻ സാധിക്കാത്ത ഏതൊരു ആളുകൾ പറിക്കാതെ ഇരിക്കുന്നുണ്ട്. മലബാറിൽ district board ഇരുപത്തിനാലോളം പ്രസവ ശുശ്രൂഷകൾക്കുണ്ടെങ്കിലും ശിശുസംരക്ഷണകേന്ദ്രങ്ങളും മൃഗശുശ്രൂഷാ വേണ്ടി ഗവർണ്മെന്റിനോടു ധനസഹായത്തിന്നു അഭ്യർത്ഥിച്ചിട്ടുണ്ട്. വാസ്തവത്തിൽ ഗവർണ്മെന്റ് അതു നിഷേധിക്കുകയാണ് ചെയ്തിട്ടുള്ളത്. ആയുർവൈദ്യരുടെ സംബന്ധിച്ചു പറയുകയാണെങ്കിൽ വാസ്തവത്തിൽ ഗവർണ്മെന്റ് അതിനെ വിഗണിക്കുകയാണ് ചെയ്തിട്ടുള്ളത്. ആസ്വാരിപ്പട്ടങ്ങളിൽ 20 ശതമാനം alcohol ഉണ്ടെന്നു പറഞ്ഞു ഗവർണ്മെന്റ് tax കൊട്ടിയിരിക്കുന്നു. Tax കൊട്ടുന്നതുകൊണ്ട് അതിൽ ആൽക്കഹോൾ ഇല്ലാതാകുമെന്ന് എന്ന് ചോദിച്ചുകൊള്ളട്ടെ. അല്ലോപതി മരുന്നുകളിൽ അമ്പത്, ഹോമിയോപ്പതി 40 ശതമാനം ആൽക്കഹോൾ ഉള്ള മരുന്നുകൾ ഉണ്ടെന്ന് തെളിയിക്കുവാൻ ഞാൻ തയ്യാറാണ്. അങ്ങിനെയുള്ള അല്ലോപതി മരുന്നുകളിൽ 60% കെട്ടി നാട്ടു വൈദ്യത്തെ പ്രോത്സാഹിപ്പിക്കുന്നതിന്നു പകരം അതിനെ ബുദ്ധിമുട്ടിക്കുകയും നശിപ്പിക്കുകയും ആണ്. ഗവർണ്മെന്റ് ചെയ്യുന്നത് ഹോമിയോപതിയെപ്പറ്റി പറയുകയാണെങ്കിൽ ഈ ജില്ലയിലെ പാവക്കാർക്ക് പററിട്ടുള്ള ഒരു മരുന്നാണ്. ഏറ്റവും ചിലപ്പോൾ വിറ്റഴിക്കുകയും എളുപ്പമായും ചികത്സിക്കുവാനുള്ള സൗകര്യം. ഇതെല്ലാം ഇതിന്നുണ്ട്. ഇതിന്റെ നിലയെ അനേകപ്പിടവാൻ വേണ്ടി 1947 ൽ ഈ സംസ്ഥാന ഗവർണ്മെന്റ് ഒരു കമ്മീഷനെ നിയമിക്കുകയുണ്ടായി. ഈ കമ്മീഷന്റെ റിപ്പോർട്ടിനെ തുടർന്നു യാതൊരു നടപടികളും ഗവർണ്മെന്റ് എടുത്തിട്ടില്ല. ബോംബെയിലും ഉത്തരപ്രദേശിലുമെല്ലാം തന്നെ ഒരു പരീക്ഷണത്തിന് വേണ്ടിയെങ്കിലും ഗവർണ്മെന്റ് ഇതിനെ പരീക്ഷിച്ചു നോക്കുന്നുണ്ട്. നീച്ചയായും ഹോമിയോപതിയെ അംഗീകരിച്ച് മാത്രം വില്പിച്ചും അതിനെ സംഘടിപ്പിക്കുകയും പ്രോത്സാഹിപ്പിക്കുകയുമാണെങ്കിൽ അത് പാവപ്പെട്ട സംബന്ധിച്ചേടത്തോളം ഏറ്റവും വലിയ ഒരു സഹായമായിരിക്കും. തലശ്ശേരി, കോട്ടയം, കണ്ണൂർ, ഹോട്ട് കൊച്ചി മുതലായ സ്ഥലങ്ങളിൽ ഫൈവേറിയ, ഹൈംഡ്രസിൻ മുതലായ രോഗങ്ങൾ വർദ്ധിച്ചുകൊണ്ടിരിക്കുകയാണ്. ഇതിനെ നേരിടുവാനും തടയുവാനും ഗവർണ്മെന്റിന് യാതൊരു പദ്ധതിയും കാണുന്നില്ല. നീച്ചയായും ഇത് തടയണമെങ്കിൽ അവിടെയുള്ള നിവാസികൾക്ക് പൈപ്പ് വാട്ടർ (pipe-water) സപ്ലൈ ചെയ്യാൻ മാത്രമേ സാധിക്കുകയുള്ളൂ. ഗവർണ്മെന്റ് ഈ വൈദ്യസഹായത്തിനുള്ള ബഡ്ജറ്റും പഴയ നിലയിലുള്ളതുപോലെ ഇടർന്നുപോവുകയാണെങ്കിൽ അത് ആക്ഷേപാഹരമാണെന്നു പറഞ്ഞുകൊള്ളട്ടെ.

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P.M.

\* SRI K. P. GOPALAN :—“ Mr. Speaker, Sir, I am opposing the Demand moved by the Hon. Minister and supporting the cut motion moved by the hon. Member Sri Balakrishnan. Regarding medical relief, it is a fundamental right of every citizen to get it. Sometime ago the Hon. the Chief Minister gave some concessions to the N.G.O.s in the matter of medical relief. But it is not sufficient. I will request the Hon. the Chief Minister to extend those concessions to all people because it is a fundamental right of every citizen to get medical relief from the Government. Even in the Constitution of various progressive countries it is stated that the Government will give medical relief to every citizen. Now I want to give this House some statistics of daily diet allowance given in hospitals in the year 1950—

Name of hospital.

Diet allowance.

RS. A. P.

Victoria Hospital for Women and Children,  
Visakhapatnam.

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King George Hospital, Visakhapatnam ..

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[Sri K. P. Gopalan]

| Name of hospital.                                       | Diet allowance: |    |    |
|---------------------------------------------------------|-----------------|----|----|
|                                                         | RS.             | A. | P. |
| Police Hospital, Visakhapatnam ..                       | 2               | 0  | 0  |
| Government Hospital, Kozhikode ..                       | 1               | 3  | 5  |
| Government Hospital, Manantoddy ..                      | 0               | 12 | 4  |
| Local Fund dispensaries in Tiruchirappalli and Madurai. | 0               | 3  | 6  |
| Bellary—Yemmiganur ..                                   | 0               | 6  | 0  |
| Panruti Local Fund dispensary ..                        | 0               | 3  | 7  |
| Tondiarpet Infectious Diseases Hospital ..              | 0               | 2  | 6  |
| Government Ophthalmic Hospital ..                       | 0               | 12 | 11 |
| Some Local Fund dispensaries ..                         | 0               | 2  | 0  |

“ The above are the rates of daily diet allowance prevailing in the different hospitals in the State. Now, what is the diet allowance of a prisoner in a Central Jail, the Penitentiary, the Cannanore Jail and other jails? According to 1949 or 1950 statistics, it is 9 annas per day. So, in a free country—if we call our country a free country—the diet allowance of a patient in most of the hospitals is much lower than that of a prisoner in jail.

“ With regard to the supply of diet, there is the contract system in hospitals. This contract system only helps to enrich the contractors.

“ Sir, we know fully well that we are not getting necessary medicines from the hospitals. For example, in the Government hospital, Kozhikode, the amount spent annually on medicines is Rs. 42,789 and the number of patients per year will come to about 56,000. That means the amount spent on the medicine per patient is 12 annas. In the Kozhikode Women's hospital, 10 annas per patient are spent for medicinal purposes and it will include medicines, injections, bandage, chloroform, tincture iodine, etc. This will clearly show that our people are not getting the necessary medicines from hospitals. The Government are not spending enough for this purpose. On the other hand, if the police people want to investigate a criminal case, ambulance cars and even lorries will be used and money will be spent like anything. But if a person is dying of sickness in our villages, as far as I know, no ambulance will go, no money will be granted by the Government. Even if the patient goes to hospital, he has to spend some money there. So poor people who are not getting any benefit from the hospitals do not have confidence in them now. That is the position.

“ Now I come to the question of salaries paid to the medical staff. A scavenger is paid only Rs. 18 per mensem. He has no house allowance and he is given an increment of Re. 1 once in five years and there is no provident fund facility. A nursing orderly gets a pay of Rs. 19 per month and a house allowance of Rs. 7. He has to work for 24 hours a day. This class of people have



[Sri K. P. Gopalan]

[10th July 1952]

already put forth their demands to the Hon. Minister for 8 hours' duty, implementation of the Central Pay Commission's recommendations and grant of educational concessions to their children, etc. A compounder gets a pay of only Rs. 45. These are all meagre salaries and they should be considerably enhanced.

"Then, our Government have spent Rs. 25,000 in 1950 on research work in hospitals. Suppose the King of England dies; there will be wide publicity in our papers. But there are many good doctors in our country whom Government are not encouraging by giving publicity. I have seen in the Ophthalmic hospital, Madras, that if a man dies, his eye is transplanted to another man who has lost his eye. But it is a pity that doctors like Sree Muthayya of Government Ophthalmic hospital, Madras, and Sree Mohan Rao are not given any encouragement by this Government. If they are given encouragement they will be assets to our country.

"Sir, I come from the constituency of Payyanur. In that constituency in certain places with a population of 30,000 like Azom, Pagavamgadi, Kakkara, etc., there is no dispensary and there are no doctors. Our doctors are not well paid and so they are not willing to go to the village parts. I request the Hon. Minister to sanction the opening of a medical college in Malabar. Certainly so far as Malabar is concerned, in every respect it is not given due representation. Malabar is in need of well-equipped hospitals and a medical college. Government must pay due attention to these things. This morning I put a question about the stoppage of the work of constructing two blocks in the Kozhikode hospital. After strenuous efforts of the Malabar members, and the public of Malabar a hospital was got sanctioned for that place. Even now there are not sufficient beds there. The Kozhikode Municipality and Malabar District Board have passed a resolution with regard to this matter. I would only request the Government to do the needful."

\* SRI N. SIVARAJ :—"கனம் சபாநாயகர் அவர்களே, வைத்திய வசதி சம்பந்தமாக இந்த சபையில் எத்தனையோ பேர்கள் போதுமான அளவில் பேசியும், என்னென்ன செய்துதரவேண்டும் என்பதைப்பற்றியும் எடுத்துக் கூறி விட்டார்கள். நான் வந்திருக்கும் ஜில்லாவிலுள்ள சுகாதார நிலைமையைப் பற்றி கனம் மந்திரி அவர்களுடைய கவனத்திற்குக் கொண்டு வா வேண்டும் என்று இப்பொழுது பேச முன்வந்துள்ளேன்.

"என்னுடைய ஜில்லாவாகிய தஞ்சை ஜில்லாவில் 1950-ம் வருஷத்தில் கிராமங்களிலுள்ள சுமார் 6 ஆஸ்பத்திரிகள் மூடப்பட்டிருக்கின்றன. இதை கவனிக்கவேண்டும். அத்துடன் கூடவே தஞ்சை நகரத்தில் 20 வருஷங்களுக்கு முன் எல். எம். பி. கோர்ஸ் நடத்தப்பட்டிருந்தது. அந்தக் கோர்ஸை எடுத்து அதை மூடிவிட்டார்கள். மறுபடியும் அந்தக் கோர்ஸை எடுத்து ஆரம்பிக்க ஒரு யோசனை இருப்பதாகவும் தெரிகிறது. அப்படி இருந்தால் அதை சீக்கிரம் செய்ய சந்தர்ப்பம் கொடுக்க வேண்டும் என்று கனம் சுகாதாரச் மந்திரி அவர்களைக் கேட்டுக் கொள்ளுகிறேன்.

"அதோடு நாகப்பட்டினத்தில், கீழ் தஞ்சை ஹெட் குவார்ட்டர் ஆஸ்பத்திரி இருந்தது. அதிலிருந்த சிலில் சர்ஜன் போஸ்டை எடுத்து விட்டார்கள், அதனால் ஒரு வருஷமாக மக்களுக்கு வசதி இல்லாமல் இருக்கிறது. ஆகையால் அதை மறுபடியும் கொண்டுவரவேண்டும். பெரிய ஜில்லாக்களில் இரண்டு ஹெட் குவார்ட்டர்ஸ் ஆஸ்பத்திரிகள் இருக்கவேண்டும் என்பது

19th July 1952]

[Sri N. Sivaraj]

என்னைப் பொறுத்த வரையிலுள்ள அபிப்பிராயம்; அத்துடன் நாகப் பட்டினத்திலுள்ள ஹெட்குவார்ட்டர்ஸ் ஆஸ்பத்திரிக்கு இன்னும் அதிகப் படியான வசதி செய்துகொடுவேண்டும். அதிகப்படியான ஆட்கள் அந்த ஆஸ்பத்திரிக்கு சிகிச்சைக்கு வருகிறார்கள். அதற்குவேண்டிய சிப்பந்திகளும், டாக்டர்களும் போதுமான அளவிற்கு அந்த ஆஸ்பத்திரியில் இல்லை. அதற்கு வேண்டிய வசதி செய்து கொடுத்து சௌகர்யம் செய்து கொடுப்பதற்கு ஏற்பாடு செய்யவேண்டும் என்று கேட்டுக்கொள்ளுகிறேன். அங்கிருக்கும் சிப்பந்திகளுக்கும், டாக்டர்களுக்கும் வேண்டிய சம்பளம் கொடுக்கப்படவில்லை. என்னைப் பொறுத்தவரைக்கும் அவர்களுக்குத் தகுந்த சம்பளம் கொடுக்கவேண்டும் என்று கேட்டுக்கொள்ளுகிறேன்.

“கிராமப் புரங்களில் முக்கியமாக கவனம் செலுத்தவேண்டும். அதற்கு 6 p.m. உடனடியாக மோஷன் வாங்களை அமைத்து, லேடி டாக்டர்களை நியமித்து பிரசவ வசதி செய்து கொடுக்கவேண்டும். இதற்கு உடனடியாக ஏற்பாடு செய்ய வேண்டும் என்று கனம் சுகாதார மந்திரி அவர்களைக் கேட்டுக் கொள்ளுகிறேன். பொதுவாக இன்றைக்கு இருக்கக்கூடிய நிலையில் மருந்துகளுடைய விலைகள் எக்கச்சக்கமாக ஏறி இருக்கின்றன. அதைக் கட்டுப்படுத்த வேண்டியது அவசியம். எல்லாவற்றையும் கண்ட்ரோல் செய்ய முடியாவிட்டாலும் முக்கியமாக நோயாளிகளுக்குக் கொடுக்கக் கூடிய மருந்துகளையும் பென்சிலின் போன்ற மருந்துகளையும் கண்ட்ரோல் செய்து கண்ட்ரோல் விலைக்குக் கொடுக்கும்படியாக ஏற்பாடு செய்ய வேண்டும். அந்த மருந்துகளை இங்கேயே உற்பத்தி செய்யவும் ஏற்பாடு செய்து அவைகளுக்கு competition இல்லாமல் இருக்கும்படியாகவும் ஏற்பாடு செய்யவேண்டும். இந்த முறையில் ஜனங்களுக்கு சௌகர்யமாக கிடைக்கும்படியாக ஏற்பாடு செய்யவேண்டுமென்று கேட்டுக் கொள்ளுகிறேன்.

“அடுத்தபடியாக ஆஸ்பத்திரி சிப்பந்திகளுக்கு இப்பொழுது மோசமான சம்பளம் கொடுக்கப்படுவதால் அவர்களுக்கு அதிக சம்பளம் கொடுக்கும்படியாக ஏற்பாடு செய்யவேண்டும். இப்பொழுது male நர்ஸ்களுக்கு ஐந்து வருஷம் டிரெயினிங் கொடுத்த பிறகு அவர்களுக்கு நிரந்தரமாக வேலை கிடைப்பதாக தெரியவில்லை. அவர்களுக்கு Security of Job இருக்கும்படி அவர்களுக்கு டிரெயினிங் முடிந்தபின் வேலைகொடுக்க வேண்டும். அதற்கு வேண்டிய வசதியை சர்க்கார் செய்துகொடுக்க வேண்டும் என்று கேட்டுக்கொள்ளுகிறேன்.

“போதுமான அளவிற்கு இன்னும் வைத்தியத்திற்கு வேண்டிய வசதி செய்து கொடுக்க நடவடிக்கைகள் எடுத்துக்கொள்ள வேண்டுமென்று கேட்டுக் கொள்ளுகிறேன் இத்துடன் நான் முடித்துக் கொள்ளுகிறேன்.”

MR. SPEAKER:—“The House will now adjourn and meet again at 10-30 a.m. on Monday, 21st July 1952.”

The House then adjourned.